

# Division of DD HEALTH REFERENCE MANUAL



Supplemental to the Health Identification and Planning System

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## **Table of Contents**

|                                                                                 |       |
|---------------------------------------------------------------------------------|-------|
| Alternative to CPR.....                                                         | 4     |
| Anticoagulant Medications .....                                                 | 5-6   |
| Anticonvulsant/Antiepileptic .....                                              | 7-8   |
| Baclofen Pump .....                                                             | 8-9   |
| Bladder Elimination Problems Urinary Tract or Kidney Infections .....           | 9-10  |
| Bowel Elimination Problems Constipation or Diarrhea .....                       | 10-12 |
| Bowel Elimination Problems Impaction, Obstruction, Colostomy or Ileostomy ..... | 12-13 |
| Choking Precautions, Difficulty Chewing or Swallowing .....                     | 13-14 |
| Communicable Diseases .....                                                     | 14-15 |
| CPAP/BI-PAP.....                                                                | 15-17 |
| Decubitus Ulcer .....                                                           | 18-19 |
| Diabetes .....                                                                  | 19-21 |
| Dialysis .....                                                                  | 22-23 |
| Do Not Resuscitate (DNR) –DMH NON-Hospital .....                                | 23-24 |
| Excessive Fluid Intake/Polydipsia .....                                         | 25-26 |
| Frequent Falls.....                                                             | 26-27 |
| Hospitalizations: Two or more in the past year.....                             | 27-28 |
| Hypertension.....                                                               | 28-29 |
| Immobility .....                                                                | 29-30 |
| Injuries: Two or more per month .....                                           | 30-31 |
| Insulin Usage .....                                                             | 31-32 |
| Oral Health .....                                                               | 32-35 |
| Ostomy Care.....                                                                | 36-37 |

|                                                                 |       |
|-----------------------------------------------------------------|-------|
| Oxygen Therapy .....                                            | 37-39 |
| Pain, Uncontrolled .....                                        | 39-40 |
| Pica .....                                                      | 40-41 |
| Psychotropic Medications.....                                   | 41-42 |
| Recurrent Respiratory Infections.....                           | 43    |
| Seizure Disorder .....                                          | 43-45 |
| Significant Changes in Health or Behavior in the past year..... | 45-46 |
| Suctioning/Airway Management .....                              | 46-47 |
| Tracheostomy .....                                              | 47-49 |
| Tube Feeding.....                                               | 50-51 |
| Urinary Catheter .....                                          | 52-53 |
| Vagus Nerve Stimulation.....                                    | 54-55 |
| Ventilator .....                                                | 55-56 |
| Weight Concerns: Difficulty Maintaining or Losing .....         | 56-57 |
| Resources for HRM update .....                                  | 58-59 |
| Appendix A.....                                                 | 60-62 |
| Appendix B .....                                                | 63    |

## **Alternative to CPR**

**Definition:** The appropriate interventions defined by the attending physician when a consumer's condition is such that the performance of Cardiopulmonary Resuscitation (CPR) would cause more harm than benefit to the individual and substantially compromise his or her well-being. The person may require an alternative method of resuscitation. An Alternative to CPR is NOT the same as a "Do-Not-Resuscitate" order, but provides individualized direction for responding when chest compressions should not be performed.

### **Complications of CPR for these individuals:**

- Easily broken bones
- Intestinal perforation or other injury due to anatomical anomalies
- Punctured lung
- Death

**Guidelines:** These guidelines **do not** replace proficiency based training of caregiver, agency policies, or physician's orders.

- Evaluation by physician to determine the need for an alternative method of resuscitation and provide specific directions for non-licensed staff when chest compressions are contraindicated which may include but is not limited to use of an Automated External Defibrillator (AED) or Rescue Breathing etc.
- Agency guidelines addressing staff education and communication processes for individuals who require alternative method of resuscitation.
- The "Alternative to CPR Order" form is to be reviewed and updated by the physician and placed in the consumers file on an annual basis. The need for an Alternative to CPR should be reflected in the individuals plan.

### **Teaching Considerations:**

- Staff to be trained on CPR/First Aid
- Staff to be trained on the alternative method of resuscitation ordered by the physician.
- Any necessary equipment required to respond to the emergency as ordered should be acquired and available at all times.

## **Anticoagulant Medications**

**Definition:** These are medications that delay the clotting of the blood, such as Coumadin (Warfarin) or Lovenox (Enoxaparin) injection. These meds are used for consumers that have a blood clot or that are at high risk for developing clots.

*Please note that Aspirin and Plavix are not classified as anticoagulants, but these are sometimes used to thin the blood and the side effects may include prolonged or internal bleeding.*

**Reasons for use may include, but are not limited to consumers who have or experienced:**

- Artificial heart valves
- Atrial fibrillation (a disturbance in the rhythm of the heart)
- Cerebral Vascular Accident or Stroke (ischemic stroke caused by a blood clot; not recommended for a stroke caused by a brain bleed)
- Blood clots in any extremity (Deep vein thrombosis-DVT)
- Blood clot in the lung (Pulmonary Emboli-PE)
- Short term use in post-op cases that are at high risk for developing DVT's and have decreased mobility
- Fractures that cause immobility for a prolonged period of time
- Someone with a history of frequent blood clots or clotting disorders

**Complications** (may include but are not limited to):

- Bleeding gums
- Unusual bruising
- Black, tarry or bright red stools
- Blood in the urine
- Vomiting blood
- Coughing up bloody sputum
- Skin rash
- Fever
- Severe itching
- Redness, irritation, bruising or bleeding at injection sites

**Guidelines:** These guidelines **do not** replace proficiency based training of caregivers, agency policies, or physician's orders.

- Staff to ensure that ordered lab work is completed and on file
- Staff to alert the physicians and dentists about the consumer being prescribed this medication (may need to hold or change before certain procedures)

- The consumer should be encouraged to use a soft bristled tooth brush
- The consumer should only be using an electric razor
- **Always** check with the physician before starting or stopping this medication
- Encourage the consumer to carry a Medic Alert ID tag to identify the medications prescribed
- The agency has documentation addressing the use of anticoagulant medications
- If Lovenox is being used, would need to be performed by licensed nurse or delegated by the RN providing RN oversight to the non-licensed staff.

#### **Teaching considerations:**

- Staff to be trained on signs and symptoms of bleeding: unusual bruising, bleeding gums with routine brushing, unusual menstrual bleeding, blood in urine, unusual nosebleeds, oozing or heavy bleeding from cuts, etc.
- Staff to be trained on monitoring for side effects of anticoagulant medication and when to report to the physician
- Staff to be trained to notify a physician **immediately** if a fall involves a bump on the head

#### **Related to Coumadin:**

- Staff must have training about the importance of the dietary precautions
  - Limiting foods that are high in Vitamin K; such as liver, or dark leafy vegetables (brussel sprouts, collards, spinach, broccoli, kale or cabbage)
  - Avoid green tea or certain other herbs
  - Avoid cranberry or soy products
- Staff to notify each of the consumer's physicians that consumer takes Coumadin
- Staff to be able to demonstrate knowledge of drug interactions. **Certain antibiotics can cause critical changes in the lab values.** Adverse drug interactions could also occur with pain medications such as Aspirin, Aleve, Ibuprofen, Celebrex, and some vitamins and herbs
- The prescribing physician will determine when and what laboratory studies are to be completed: Protine, Prothrombin Time, International Normalization Ratio, etc.
- When lab results are received, designated staff is to notify the physician and document this as well as any new orders received
- Always call the physician if an anticoagulant medication is dosed wrong or missed

# **Anticonvulsant/Antiepileptic**

**Definition:** A medication used to suppress convulsions or seizures. A convulsion is the result of a disturbance of electrical activity in the brain causing an involuntary contraction or series of contractions of the voluntary muscles.

**Examples:** Onfi; Vimpat; Dilantin, Tegretol, Klonopin, Zarontin, Cerebyx, Neurontin, Lamictal, Luminal, Mysoline, Gabitril, Topamax, Depakene, Depakote, Trileptal, Keppra, and Zonegran. Also, Diastat, given rectally may be ordered prn.

*Please note that various anticonvulsant medications such as Depakote; Tegretol; Trileptal, etc. are often used in an off-label manner for the treatment of mood disorders and other behavioral issues*

**Complications** (may include but are not limited to):

- Mental Status Change
- Toxicity
- Adverse reactions and side effects such as, blurry or double vision, fatigue, sleepiness, unsteadiness, stomach upset, skin rashes, low blood cell counts, liver problems, swelling of the gums, hair loss, weight gain, and tremor

**Guidelines:** These guidelines **do not** replace proficiency based training of caregivers, agency policies, or physician's orders.

- Consult with specialist to prescribe and monitor anticonvulsant medications
- Physician's orders to include frequency of laboratory studies for therapeutic medication levels
- Physician recommendations to be obtained if a medication dose is missed
- Please see additional guidelines for Seizure Disorder
- Consumer to wear a medic alert bracelet
- The agency should have written guidelines for the use of anticonvulsant medications, to include monitoring for side effects, assuring completion of the lab studies as recommended by physician, etc.
- Resource website: [www.epilepsyfoundation.org](http://www.epilepsyfoundation.org)

**Teaching Considerations:**

- Staff to be trained on signs and symptoms of seizure activity: blank stare, loss of consciousness, involuntary movements, muscle twitching, etc.
- Staff to be trained on the interventions to take for seizure activity
- Staff to be trained on proper documentation of seizure activity
- Staff to be trained on the signs and symptoms of medication reaction

- Staff to be trained on the signs and symptoms of drug toxicity, such as ataxia, slurred speech, confusion, nausea or vomiting, anorexia, or appetite change
- Staff to be trained on the importance of good oral hygiene and regular dental exams
- Staff to be trained on the proper administration of Diastat rectal gel if it is ordered by the physician

## **Baclofen Pump**

**Definition:** Baclofen is a medication commonly used to decrease spasticity related to spinal cord injuries or other neurological diseases. Spasticity is a muscle problem characterized by tight or stiff muscles that may interfere with voluntary muscle movements. The intrathecal baclofen pump system is a means to deliver Baclofen directly into the spinal fluid. The system consists of a catheter (a small, flexible tube) and a pump. The pump-a round metal disc, about one inch thick and three inches in diameter - is surgically placed under the skin of the abdomen near the waistline. Using an external programmer, there can be changes made in the dose, rate, and timing of the medication.

**Complications** (may include but not limited to):

- Malfunctions may occur with the pump
- The catheter may kink, move, or break
- Infection may occur
- Bladder control can be altered, causing loss of urine unexpectedly

**Guidelines:** These guidelines **do not** replace proficiency based training of caregivers, agency policies, or physician's orders.

- The baclofen pump with the dose, rate, and timing of the medication is to be on the physician's order
- Monitor for signs and symptoms of infection
- Follow up visits with the physician for dose adjustment and pump refills
- Monitor for increased seizure activity as Baclofen lowers the threshold
- Blood pressure, weight, and liver function studies to be monitored periodically
- The agency should have written guidelines for use of the Baclofen pump
- The pump is taken out and replaced at the end of the battery's life span (which is usually 4-7 years)

**Teaching considerations:**

- Staff to be trained about the pump: when it will be refilled, and about the medication adjustments, typically done every 1-3 months at the physician's office

- Staff to be trained about the side effects of Baclofen: vomiting, nausea, headache, drowsiness, weakness, loose muscles, dizziness, and lightheadedness
- Staff to be trained about allergic reactions to Baclofen: rash, fever, and respiratory distress
- Staff to be trained about the signs and symptoms of overdose: severe weakness, breathing problems, and possible loss of consciousness
- Staff to be trained on when to notify the physician

## **Bladder Elimination Problems**

### **Urinary Tract or Kidney Infections**

**Definition:** The consumer has been treated by a physician for a urinary tract infection and or kidney infection on more than 2 occasions in the past 6 months or an infection that does not respond well to treatment and lasts longer than 2 weeks.

*NOTE: Consumers with colonization of bacteria, may always show infection when tested, but are not likely to be treated unless they are symptomatic*

**Common Causes or high risk consumers** (may include, but are not limited to):

- Incomplete bladder emptying which could be caused by constipation; benign prostatic hyperplasia; enlarged prostate; prostatitis; congenital abnormalities; or trauma to the urinary tract and urethral strictures
- Lack of adequate fluids
- Consumers with a Foley catheter (see catheter guidelines)
- Poor hygiene or sexually active individuals
- Consumers with chronic illnesses that are related to kidney disease are at higher risk for infections such as diabetics, or persons with renal failure
- Consumers with spinal abnormalities or decreased nerve sensation (neurogenic bladder) or immobility
- Consumers who are immune compromised (decreased ability to fight infections)
- Consumers who have infections that become resistant to treatment

**Complications** (may include but are not limited to):

- Back and or lower abdominal/pelvic pain
- Irreversible damage to kidneys
- Pain
- Septicemia
- Hospitalization

- Incontinence
- Death

**Guidelines:** These guidelines **do not** replace proficiency based training of caregivers, agency policies, or physician's orders.

- Individual to be evaluated by primary care physician
- Consultation with an urologist as indicated by the physician
- For consumers with a urinary catheter; please refer to "urinary catheter" guidelines

#### **Teaching Considerations:**

- Staff to be trained on signs and symptoms of urinary tract or kidney infection: painful urination, a change in the pattern of urination ( urinary frequency, urgency, difficulty starting or retaining a stream of urine, incontinence), low back, pelvic or low abdominal pain, anorexia( loss of appetite), fever, foul smelling urine, confusion, nausea or vomiting
- Staff to be trained to know when to notify the physician
- Staff to be trained to support the individual in avoiding urinary irritants: bubble baths, caffeinated beverages, and perfumed or colored toilet paper
- Staff to be trained on the importance of adequate fluid intake, especially cranberry juice, and to avoid caffeine, as this is a bladder stimulant
- Staff to be trained about the care of the consumer with urinary incontinence: use of incontinent products, peri-care, skin care, and a toileting program
- Staff to be trained about catheter care, see "catheter" guidelines
- Staff to be trained on ways to prevent infection; proper hand washing, skin care, teaching consumer proper techniques in washing perineal area (especially after bowel movements or sexual intercourse), changing underclothing daily and as needed when soiled, increasing proper fluid intake, monitor for constipation, encouraging consumer's to empty their bladder frequently, etc.)
- Staff to be trained on how to properly collect a specimen and how to store it until it can be taken to a lab or physician's office for analysis

## **Bowel Elimination Problems**

### **Constipation or Diarrhea**

**Definitions:** The consumer experiences an interruption or change in the normal flow of intestinal contents, such as recurring episodes of constipation or recurring episodes of diarrhea.

**Constipation:** Slow movement of feces (stool) through the large intestine that results in the passage of dry, hard stool. If not resolved, it could lead to a bowel obstruction, which can be **life threatening**.

**Causes** of constipation are numerous (Factors may include, but are not limited to):

- Lack of exercise
- Inadequate fluids
- Lack of dietary fiber
- Side effects of medication

**Diarrhea:** The passage of stool, more than three (3) times in a day that is loose and watery.

**Causes** of diarrhea vary from stress to more serious intestinal diseases:

- Viral infections are the most common cause, often associated with vomiting, which can lead to dehydration
- Bacterial infections of the GI tract are more serious (typically caused from contaminated foods or drinks)

**Complications** (may include but are not limited to):

- Bowel obstruction
- Electrolyte imbalance
- Abdominal pain, bloating, and/or cramping
- Skin breakdown from frequent stools
- Loss of appetite or vomiting
- Dehydration

**Guidelines:** These guidelines **do not** replace proficiency based training of caregivers, agency policies, or physician's orders.

- The individual to be evaluated by primary care physician
- Physician recommendations to be obtained for fluid intake, or dietary restrictions
- The agency should have documentation on the management of constipation or diarrhea
- **Bowel records need to be kept for accurate monitoring of stools**
- The agency should have a bowel program in place for consumers with a history or new episodes of constipation

**Teaching Considerations:**

- Staff to be trained on how to recognize symptoms related to the bowel elimination problem: complaints of discomfort, inability to pass stool, loss of appetite, stomach distention (puffed out), dry hard stools, or stool the size of marbles, etc.

- Staff to be trained in recognizing symptoms of electrolyte imbalance or dehydration: confusion, lightheadedness, abdominal cramps, leg cramps, dry lips and mouth, weakness, etc.
- Staff to be trained on the importance of dietary and fluid intake
- Staff to be trained on what symptoms to report to the physician
- Staff to be trained in precautions to prevent the spread of infections, proper hand washing, keeping environment clean, using antibacterial products to prevent the spread of bacteria in the kitchens and bathrooms

## **Bowel Elimination Problems**

### **Impaction, Obstruction, Colostomy, or Ileostomy**

**Definitions:** An **impaction** refers to the accumulation of dry, hardened feces (stool) in the rectum or colon, which may lead to an obstruction and can be **life threatening**.

An **obstruction** involves a partial or complete blockage of the bowel either in the small or large intestines.

An “**ostomy**” is an opening into the intestine for the purpose of providing an outlet for intestinal contents.

**Individuals with Developmental Disabilities are at high risk for bowel obstruction, sometimes leading to DEATH**

**Complications** (may include but are not limited to):

- Abdominal bloating, distention, which may involve loss of appetite and/or vomiting
- Abdominal pain
- If an obstruction is caused by a blood/oxygen supply to the bowel being cut off by strangulation (twisted or herniated intestine) gangrene can set in within 6 hours, causing the bowel to die
- There may be frequent episodes of loose or diarrhea stools if passage of stool is coming around an impaction
- When a fecal impaction is present, **use enemas with caution and only with the express order of the physician prior to use of the enema**, as they have been known to perforate an irritated bowel wall

**Guidelines:** These guidelines **do not** replace proficiency based training of caregivers, agency policies, or physician’s orders.

**If there is a suspicion of impaction or obstruction the consumer needs to be evaluated by a physician immediately**

- Follow Physician recommendations for fluid intake, dietary intake, monitoring of bowel movements, and administration of PRN medications for constipation
- The agency should have available resources on the prevention of impactions and obstructions
- Ostomy guidelines are included under Ostomy Care

**Teaching Considerations:**

- Staff to be trained on documentation of bowel movements and when to use PRN medications for constipation
- Staff to be trained on how to recognize symptoms related to the bowel obstruction or impaction: bloating and vomiting, or nausea and inability to pass gas
- Staff to be trained on what symptoms to report to the physician

## **Choking Precautions, Difficulty Chewing or Swallowing**

*Choking Precautions should be instituted for all individuals with a known history of choking or for those individuals who engage in unsafe eating habits.*

**Definitions:** Choking occurs when a foreign object blocks or obstructs the airway. The obstruction causes a reduction of airflow to such an extent that respirations cannot continue.

Dysphagia is a difficulty in chewing or swallowing. It occurs when a person is unable to safely complete the sequence to complete a normal swallow.

**Complications** (include but are not limited to):

- Aspiration with or without Aspiration Pneumonia
- Asphyxiation
- Death

**Circumstances which may indicate a risk of choking or the need for choking precautions might be an individual who:**

- has difficulty propelling food or liquids from the mouth to throat
- has been prescribed a pureed or mechanically altered diet
- has experienced recurrent aspiration pneumonia
- has gastro esophageal reflux disease (GERD)
- has difficulty chewing and/or swallowing food or liquids
- is dependent upon staff for positioning while eating; or has an unsafe eating habit (eating too fast; filling the mouth too full, taking too large bites, etc.)

**Guidelines:** These guidelines **do not** replace proficiency based training of caregivers, agency policies, or physician's orders.

- If choking incident has occurred and required use of the Abdominal Thrusts (Heimlich Maneuver), staff should notify the physician, Agency Director, and Regional Center
- An Event Report Form will be completed and entered by the provider into the EMT database in CIMOR ( <https://dmh.mo.gov/media/pdf/directive-4-070> see Appendix B for additional information)
- Best practice is for the consumer to be evaluated by a physician following a choking incident
- Follow the recommendations of the Speech Therapist including dietary needs, if a swallow study was completed
- Staff are to have the mandated CPR/First Aid Training with documentation kept in employee record
- The agency should have written guidelines addressing the specific needs of the consumer for choking or difficulty in swallowing and these needs should be addressed in the annual Individualized Support Plan (ISP)

**Teaching considerations:**

- Staff to be trained about the specific dietary needs of the consumer
- Staff to be trained on the specific needs of the person with choking precautions or dysphagia
- Staff to be trained about the signs and symptoms of choking

## **Communicable Diseases**

### **Tuberculosis; Hepatitis A, B, or C; Sexually Transmitted Diseases; HIV; MRSA; COVID-19**

**Definitions:** The consumer who has potential for contracting a communicable disease is: one who has multiple body piercing, multiple tattoos, or one who lives in a group setting; one who has multiple sexual partners, or one who engages in other activities resulting in exchange of body fluids.

**Tuberculosis** is a bacterial infection usually found in the lungs but it can spread to other parts of the body. **Hepatitis** is a viral infection that affects the liver. **Sexually Transmitted Diseases** can be bacterial or viral infections, a few examples might be: Chlamydia, genital herpes, syphilis, trichomoniasis, genital warts, gonorrhea, and pubic lice. **HIV** is the virus that causes AIDS (acquired immune deficiency syndrome). **MRSA** (Methicillin resistant staphylococcus Aureus) is a type of staph bacteria that is resistant to antibiotics; **COVID – 19** is a novel coronal virus which spread throughout the world (pandemic) and was initially detected in 2019 (see Appendix A for additional information)

**Complications** (may include but are not limited to):

- Spread of disease
- Becoming a carrier

- Colonization
- Infertility
- Infection
- Hospitalization
- Scarring of the liver
- Cancer
- Liver Failure
- Multidrug resistance

**Guidelines:** These guidelines **do not** replace proficiency based training of caregivers, agency policies, or physician's orders.

- **Consumers must have documentation of an annual tuberculin test or other screening unless otherwise ordered by their physician**
- **A consumer with a positive test result must have documentation of treatment and/or ongoing screening as ordered by their physician in accordance with recommendations from the Missouri Department of Health and Senior Services and the CDC**
- The Hepatitis A vaccination can be administered to the consumer
- The consumer in community placement must receive the Hepatitis B vaccine series, or have a signed document waiving the immunization, or complete the Hepatitis B screening to verify a need to vaccinate
- Staff working closely with consumers, are encouraged to receive vaccination for Hepatitis B
- The agency should have written guidelines about Body Substance Precautions and the prevention of the spread of communicable diseases
- The agency will submit a written plan to include reporting the diagnosis of the communicable disease to authorities when indicated, isolation procedure if indicated, notifying everyone in contact with the individual, and steps to take in prevention of spreading the disease

#### **Teaching Considerations:**

- Staff to be trained on Body Substance Precautions
- Staff to be trained about the communicable disease of the consumer

## **CPAP/Bi-PAP**

**Definitions:** The **CPAP** (continuous positive airway pressure) is a machine that provides a continuous stream of air pressure to keep an airway open. The **Bi-PAP** (bi-level positive air pressure) is a machine that provides different pressure levels based on the breathing pattern to keep the airway open. They are used for the treatment of sleep apnea.

**Signs and Symptoms of Sleep Apnea** (may include, but are not limited to):

- Loud or disruptive snoring
- Gasping or choking during sleep
- Excessive daytime sleepiness
- Personality changes

- Lack of alertness
- Morning headaches
- Frequent urination at night
- Depression or irritability

**Complications of Sleep Apnea** (may include, but are not limited to):

- Heart disease or failure
- Increased risk of stroke
- High blood pressure

**Testing for Sleep Apnea:**

Diagnostic studies are ordered by a physician to see if sleep apnea actually exists. A physician may start with an overnight pulse oximetry at the bedside to see if further testing is needed. Neither test is invasive, but the polysomnogram is completed in a sleep study lab, and is more intense. This test is very expensive, and requires cooperation from the consumer; they will need to wear numerous monitors that are pasted on their forehead, scalp, around the eyes, chin, legs, and fingers. This may not be a practical test for someone with behavior disorders, but it is the only test that can be used to diagnose sleep apnea.

**Supplies for the CPAP or BI-PAP** (may include, but are not limited to):

- A mask, worn over the nose and or mouth, nasal prongs all held in place by head gear that is hooked to a machine at the bedside
- Electrical outlet with proper power voltage near the bed
- Distilled water
- Some consumers may require oxygen to be attached to the machine during the night. (see written guidelines on the use of oxygen therapy in this health manual)
- Be aware there are various types of CPAP/BI-PAP equipment available and it is important to always review and follow the manufacturer's guidelines for the use; cleaning and maintenance of the equipment

**Proper maintenance, cleaning and replacement of software can help prevent infections and loss of sleep.**

**Care of equipment, may include but is not limited to:**

- Headgear, mask, and tubing should be changed every 6 months to 1 year, they should be checked routinely for leaks around masks, out of shape headgear, stretched tubing, discolored masks or filters
- Check with the supplier company for guidelines regarding routine cleaning and maintenance
- Wipe down generator at least weekly, but never immerse in water
- Should have inlet filter changed monthly
- Use distilled water for refilling water chamber, check daily. If needs refilling, never top off. ALWAYS empty and replace with fresh distilled water

- Clean the water chamber weekly, soaking in a mild detergent, rinse with water and let air dry or disinfect with 1 part white vinegar, 2 parts water, let stand for 30-45 minutes, and document
- The wide bore tubing needs to be washed weekly with a mild soap and water, rinse well and hang to air dry
- The mask or pillow cushion where the skin contacts should be wiped out daily with a mild detergent, then rinsed with water and let air dry. A more thorough cleaning should be performed weekly, disassembling the mask, soaking in a mild detergent, rinse with water and let air dry. Reassemble when dry

**Complications Related to CPAP or Bi-PAP** (may include but are not limited to):

- Dry or irritated eyes
- Skin irritation to the face
- Nasal irritation, congestion, runny nose, and sneezing
- Abdominal bloating related to excessive swallowing of air
- Headaches
- Nasal lining damage due to inadequate humidification
- Smothering sensation
- Difficulty exhaling
- Very rare side effects - chest pain or pneumothorax (punctured lung)

**Guidelines:** These guidelines **do not** replace proficiency based training of caregivers, agency policies, or physician's orders.

- Medical record of the consumer must have the diagnosis of sleep apnea
- Physician's order for the CPAP or Bi-PAP to include frequency of use and length of time.
- Medical provider of the CPAP or Bi-PAP equipment is to provide information for use, routine maintenance, and monitoring of the machine
- The agency should have documentation about the care and use of CPAP or Bi-PAP
- Written guidelines on care and maintenance of equipment; regarding cleaning do's and don'ts, changing tubing, headgear, masks, etc.

**Teaching considerations:**

- Staff to be trained on the care and safety of the CPAP or Bi-PAP machine
- Staff to be trained about monitoring for signs and symptoms of sleep apnea
- Staff to be trained about reporting side effects noted with CPAP or Bi-PAP machine
- Teach staff that non-compliance may be related to comfort. The equipment company has numerous masks, head gear and settings that can be tried

# Decubitus Ulcer

**Definition:** Damaged skin caused by staying in one position too long, cutting off the blood supply which causes the tissue to die. **Synonyms:** pressure ulcers, ulcerations

**Contributing factors** (may include but not limited to):

- Lack of repositioning or immobility
- Poor nutrition
- Incontinence
- Circulatory problems
- Friction from cast, brace, sheets, transfer slings, etc.
- Prolonged exposure to cold temperatures
- Usual areas of formation are bony areas with lighter amounts of covering tissue that are exposed to more pressure; elbows, shoulders, back, hips, tailbone, heels, knees, scalp, ears, etc.
- Smoking
- Chronic illnesses such as diabetes, peripheral vascular disease, cerebral palsy
- Consumers that have a decreased sensation to change position. Such as those with spinal cord injuries, diabetes, poor circulation, burns, trauma, or other diseases such as cerebral palsy, stroke victims, etc.

**Complications** (may include but are not limited to):

- Infection
- Hospitalizations
- Death
- Limited activity
- High medical cost related to treatments, physician visits, consults, medications, dressing supplies
- Embarrassment due to care of wounds, odor, having to wear dressings, scarring, etc.

**Guidelines:** These guidelines **do not** replace proficiency based training of caregivers, agency policies, or physician's orders.

- Physician to evaluate and prescribe treatment if indicated. Orders for treatments/dressing changes should be specific to include what materials are to be used, frequency of treatment and follow up plan for re-evaluation
- Licensed nurses are qualified to perform treatments/dressing changes, when prescribed by a physician. In collaboration with the consumer's primary care physician, the individual receiving treatment to wounds, or other staff, may be trained and delegated by the Physician or Registered Nurses to perform treatments/dressing changes

- Treatments/dressing changes and other skin care management must have supporting documentation in consumer file to include: description of the wound, surrounding tissue; schedule for position changes
- If prescribed by the physician, consult with wound specialist and include recommendations in the Individualized Support Plan (ISP)
- Dietary consult to be completed for assessment of calorie and protein needs, if ordered by a physician

#### Teaching Considerations:

- Staff to be trained on proper positioning, transferring, turning and pressure relieving techniques and range of motion exercise
- Staff to be trained on what causes and prevention of skin breakdown
- Staff to be trained on the proper use of pressure relieving device
- Staff to be trained on when to notify the physician about skin concerns: changes in the color of the skin; reddened area of the skin that does not disappear within 30 minutes after pressure relief is given; changes in the color of the wound (ulcerated skin); changes in the color of drainage from the site; changes in the size or odor of the site
- Staff to be trained to notify the physician if the consumer does not tolerate the treatment for the ulcerated skin; refusal of prescribed treatment; or, if the consumer has increased complaints of pain the area
- Staff to be trained on nutritional importance for damaged skin, ulceration, etc. : protein, vitamins, or supplements, etc.

## Diabetes

**Definition:** A chronic condition that makes the body unable to properly use carbohydrates, causing it to rely too heavily on protein and fat for fuel. It is a condition which affects many organs and bodily functions. There are three types of diabetes:

- **Diabetes Mellitus Type I** is a condition that prevents the body from utilizing its fuel (glucose) normally. The body no longer produces insulin. Individuals who have insulin dependent diabetes must take daily injections of insulin to replace what the body is not making and stabilize blood sugar levels.
- **Diabetes Mellitus Type II** is a condition in which the pancreas is not releasing enough insulin or the cells are not receptive to the insulin after it is released. Non-insulin dependent diabetic individuals may be treated with an oral medication to increase the production and release of insulin from the pancreas. When the person is unable to produce enough insulin, it is given by injection.

- **Diabetes Insipidus** is a condition which there is a deficiency of antidiuretic hormone (ADH) resulting in water imbalance. The major functions of ADH are to: promote water reabsorption and to control osmotic pressure of the extracellular fluid.

**Complications** (may include but not limited to):

- Hypoglycemia- low blood sugar levels
- Hyperglycemia- elevated blood sugar levels
- Diabetic coma –a state of altered consciousness due extreme high or low blood sugar levels in the body
- Insulin resistance-Insulin resistance means that the cells do not respond normally to insulin and glucose cannot enter the cells easily. The result is higher than normal levels of insulin and glucose in the blood
- Progression of Diabetes disease process: blindness, amputations, heart disease, neuropathy (nerve disease), kidney damage, gum disease, osteoporosis
- Hospitalization
- Death

**Guidelines:** These guidelines **do not** replace proficiency based training of caregiver, agency policies, or physician's orders.

- Consultation with specialist as indicated by primary care physician. (Examples: endocrinologist, dietician, ophthalmologist, podiatrists, etc.)
- Physician's orders should be obtained for special diet
- Physician orders should be obtained for blood sugar monitoring: frequency of the checks, parameters of measuring, and when to notify the physician
- Physician orders should be obtained for bloodwork such as Hemoglobin A1C and lipid panels
- The agency should have written guidelines specific to the Diabetes diagnosis of the consumer
- The agency is to have written guidelines for the use and quality control of the blood glucose monitoring device
- Web site: [www.diabetes.org](http://www.diabetes.org)

**Teaching Considerations for use of glucose meter:**

- Staff to be trained on the protocol for use of the blood glucose meter to be used by for monitoring blood sugars of the consumer
- Staff to read the User's Manual and file for quick reference if questions arise
- Staff to be trained on the use of the glucose meter and demonstrate knowledge of:
  - Function and use of the meter's test strip reader and display monitor
  - Procedures for calibrating and testing meter accuracy
  - Documentation of quality control checks on the equipment

- Procedures for cleaning the meter
- Troubleshooting for problems with the meter
- Staff to be trained on how to perform the blood sugar checks, how and where to record, and when to report
- Staff to be trained on the proper disposal of lancets, wipes, and testing strips

### **Teaching considerations for Diabetes:**

- Staff to be trained on the importance of: proper foot care; nail care; oral care; and exercise
- Staff to be trained about dietary modifications or restrictions
- Staff to be trained in monitoring for side effects of medications used to control blood sugars
- Staff to be trained to monitor for signs and symptoms of diabetic complications such as: infections, vascular complications, neuropathy, and retinopathy
- Staff to be trained on when and what to report to the physician
- Staff to be trained on the signs and symptoms of hypoglycemia and hyperglycemia, and appropriate interventions.

Symptoms may include but are not exclusive to:

#### **Hypoglycemia:**

- Headache
- Nausea and/or Vomiting
- Slurred Speech
- Drunken Appearance
- Sweating
- Dizziness
- Tired/Drowsy/Weak
- Hunger
- Vision Difficulties

#### **Hyperglycemia:**

- Deep Fast Breathing
- Increased Thirst
- Increased Urination
- Sweet or Fruity Smelling Breath
- Abdominal Pain
- Excessive Hunger
- Convulsions
- Coma (unconsciousness)

# Dialysis

**Definition:** An artificial means to perform the function of the kidney for individuals who have chronic kidney disease or end stage renal failure, of which, there are two types.

1. **Hemodialysis** clears waste products from the body by filtering blood through a dialyzer (artificial kidney) and then returning the blood to the individual.
2. **Peritoneal dialysis** involves repeated cycles of instilling dialysate (cleaning fluid) into the peritoneal cavity through a catheter.

**Complications** (may include but not limited to):

## **Hemodialysis:**

- Change in blood pressure
- Potassium imbalance
- Muscle cramps
- Nausea or vomiting
- Mental confusion
- Seizures
- Headache

## **Peritoneal dialysis**

- Fluid overload
- Dehydration
- Constipation
- Exit site infection
- Exit site leak
- Catheter related pain
- Peritonitis

**Guidelines:** These guidelines **do not** replace proficiency based training of caregivers, agency policies, or physician's orders.

- Coordinate dialysis visits and be available for communication with the dialysis staff
- Follow the recommendations of nephrologists, dietician, and dialysis staff
- File lab results in consumer medical record
- Monitor for complications of dialysis
- Monitor access sites per instruction of the dialysis staff
- The agency should have written guidelines specific to the supports needed for the person receiving dialysis.
- Resource websites:  
[www.kidney.org](http://www.kidney.org) and [www.annanurse.org](http://www.annanurse.org)

## **Teaching considerations:**

- Staff to be trained on understanding and recognizing complications of dialysis
- Staff to be trained on the critical nature of supporting the consumer with the special diet order (restriction of sodium, potassium, and phosphates)
- Staff to be trained about phosphate binding and aluminum sparing medications

- Staff to be trained on catheter care and access sites
- Staff to be trained on signs and symptoms of infection
- Staff to be trained on when to notify physician of symptoms

## **Do Not Resuscitate**

### **Non Hospital Do Not Resuscitate**

### **OHDNR with Hospice**

**Definition:** This is a medical order written by a physician to withhold Cardiopulmonary Resuscitation (CPR) for DMRDD consumers in community placement. The order is written with the informed consent of a competent individual or their duly authorized health care agent or guardian. It can be rescinded at any time.

***Note: Even when a DMH Non-Hospital DNR order or properly executed Outside the Hospital DNR Order (OHDNR) is in place, if respiration and cardiac function have ceased spontaneously as a result of an accident or event other than a known terminal condition, and/or complications thereof, (such as choking on food), the individual shall not be left unattended and shall receive intervention necessary to preserve his or her life.***

**Guidelines:** These guidelines **do not** replace proficiency based training of caregivers, agency policies, or physician's orders.

#### **Non Hospital Do Not Resuscitate:**

- Obtain a Statement of Terminal Condition Form from the physician:
  - A terminal condition is defined as "an incurable or irreversible condition which, in the opinion of the attending physician, is such that death will occur within a short time regardless of the application of medical procedures" (RSMo. 459.010). The Division defines "short time" as six (6) months or less
- The completed form and supplemental documentation is submitted to the Regional office and forwarded to Central office DMH Medical Director for approval
- Within three (3) days of receipt the DMH Medical Director will respond with their approval, denial, or request for more information for immediate processing by the Support Coordinator

- On approval direct the primary care physician to complete the Non-Hospital DNR form and submit to the service coordinator to be forwarded to Regional office staff for processing and filing
- The completed Non Hospital DNR form is maintained in the individual's record in the home as well as other applicable service settings
- The service coordinator will complete the health inventory indicating the Non-Hospital DNR status and a nursing review will be completed
- There will need to be a re-evaluation for the order in six (6) months and the cycle repeated if the consumer remains in this status

### **OHDNR with Hospice:**

When a consumer is admitted to Hospice services and requests a Do Not Resuscitate order the planning team will discuss the diagnosis, prognosis, support needs, and the contracted provider's ability to meet these needs, including staff training pertaining to end of life care. The Individual Support Plan will be amended.

- The DNR order, proof of hospice services, and completed Section I of the OHDNR Hospice Services Notification is submitted to the Support Coordinator and Regional Office Assistant Director within 24 hours of receipt or by 5:00 pm the next business day
- The designated Regional Office staff will complete Section II of the OHDNR and Hospice Services Notification Form and forward to the Division Director/designee and DMH Chief Medical Director/designee within two (2) working days from receipt
- The service coordinator will complete the health inventory indicating the OHDNR status with hospice and a nursing review will be completed.
- The Support Coordinator will monitor the individual's status and support needs during scheduled monitoring/reviews

***Note: All Do Not Resuscitate Orders may be rescinded at any time with appropriate signatures. In both circumstances, the health of the consumer and the decision for continued DNR orders are reviewed and updated on a scheduled basis.***

### **Teaching considerations:**

- Staff to be trained on actions to take in any emergent situation
- Staff to be trained on end of life issues
- Staff to be trained about Hospice and/or Palliative Care
- Staff to be trained on the support needs of the individual

# **Excessive Fluid Intake/Polydipsia**

**Definition:** Excessive fluid intake is a pattern of drinking water or other fluids excessively. The excessive intake of water and other fluids may have an adverse effect on the individual's health. Increased or excessive thirst is also known as Polydipsia.

**Causes** (may include but are not limited to):

- Excessive thirst is a fairly common symptom. It is often the reaction to fluid loss during exercise, or to eating salty foods
- Diabetes insipidus (DI) is caused by the inability of the kidneys to conserve water, which leads to frequent urination and pronounced thirst
- A very strong constant urge to drink may be a sign of a psychological problem which may mean psychological help is needed

**Complications:** (may include but are not limited to):

- Electrolyte imbalance
- Hospitalization
- Death

**Guidelines:** These guidelines **do not** replace proficiency based training of caregivers, agency policies, or physician's orders.

- Individual to be evaluated by primary care physician
- The cause of the underlying condition should be treated when possible
- Consult with a psychiatrist if ordered by the primary care physician
- Monitor and document for the signs of fluid loss such as sweating, diarrhea, or vomiting
- Knowledgeable staff to provide detailed information of the client's condition to healthcare professionals
- A Behavior Support Plan may be required if fluid restrictions are prescribed by the physician. Restriction of access to drinking utensils or water faucets may be required
- Staff need to be able identify what the personal plan states about fluid restriction for this consumer
- Staff to document weights and vital signs as ordered
- The agency should have written guidelines for excessive fluid intake

**Teaching considerations:**

- Staff to be trained on standard measurements of liquids
- Staff to be trained about the documentation and monitoring of fluid intake if ordered by the physician

- Staff to be trained about the symptoms of over hydration/water intoxication: Headache, confusion, listlessness, etc.
- Staff to be trained about the symptoms of dehydration: Changes in the skin, weakness, decreased urinary output, etc.
- Staff to be trained about the symptoms of electrolyte imbalance: Confusion, lightheadedness, abdominal cramps, weakness, etc.
- Staff to be trained on the response to the symptoms recognized emergent and when to notify the physician
- Staff to be trained to monitor and record intake & output and to provide accurate communication with appropriate staff and professional medical professionals

## **Frequent Falls**

**Definition:** This indicator addresses not only if the consumer falls more than twice a month, but also if the consumer has experienced a fall which resulted in a fracture or hospital admission due to injuries in the past twelve (12) months.

### **Complications of frequent falls:**

- Broken bones
- Decreased Mobility
- Hospitalization
- Other bodily injury

### **Circumstances that may result in frequent falls (may include but are not limited to):**

- Balance problems
- Changes in blood pressure or blood sugar level
- Illness
- Reduced muscle strength
- Slow reflexes
- Some medications
- Unsafe environment (uneven surfaces, slippery rugs, cords, poor lighting)
- Visual disturbances

**Guidelines:** These guidelines **do not** replace proficiency based training of caregivers, agency policies, or physician's orders.

- Seek emergency medical assistance for injuries that require medical attention: head injury, loss of consciousness, change in mental status, or open wounds
- Notify physician in the event of a fall to determine if further treatment or medical evaluation is needed
- Follow up with therapy consults if ordered by the physician
- Designated agency staff are to complete the Event Report Form and enter the report into the EMT database in CIMOR
- Keep documentation of the falls including date, times, location, individual's description of what occurred, and injuries, and the time that the physician or provider nurse was notified
- Remove hazards in environment that precipitate falls: loose rugs, slippery floors, un-sturdy furniture, poor lighting, running cords, and such
- The agency should have reporting procedures for the consumer who experiences recurrent falls

#### **Teaching Considerations:**

- Staff to be trained about environmental risk factors and appropriate safety measures
- Staff to be trained in fall prevention: lifestyles, exercise, and dietary influence
- Staff to be trained about lifting, transferring, and ambulation assistance if applicable

## **Hospitalizations: Two or more in the past year**

**Definition:** If the consumer has experienced a hospitalization for a medical condition two or more times in the past twelve (12) months, not including emergency room visits, then mark the indicator on the health inventory form.

**Guidelines:** These guidelines **do not** replace proficiency based training of caregivers, agency policies, or physician's orders.

- The agency should have a reporting procedure for hospitalizations:
  - Designated staff to notify primary care physician of hospitalization
  - Designated staff to notify support coordinator and Agency Director of hospitalization
  - Provide information to the hospital staff about the consumer's past history

- Staff to maintain communication with hospital staff about consumer
- Staff to participate in discharge teaching for consumer support needs:
  - What supports are needed for this consumer to return to community placement
  - What are the needs of this consumer
  - What medications are prescribed for this consumer
    - a. Will need enough medication to last until the staff are able to get prescriptions filled
    - b. Are there special instructions for medications being prescribed
  - What are the plans for medical follow up
  - What are the plans for psychiatric follow up care, if applicable
- Designated staff to obtain consumer hospital records for home chart

#### **Teaching Considerations:**

- Staff to be trained about the recommendations of the discharge plan
- Staff to be trained about the discharge diagnosis and follow up care needed

## **Hypertension**

**Definition:** Hypertension is a repeatedly elevated reading of systolic blood pressure at or above 140 mm Hg and diastolic pressure above 90 mm Hg. Severe hypertension is a repeatedly elevated reading of systolic blood pressure of 180 mm Hg or above and diastolic pressure of 120 mm Hg or above. Blood pressure is the force of the blood pushing against the walls of the arteries. The pressure is the highest when your heart beats, pumping the blood, and between beats, when your heart is at rest, the blood pressure falls.

**Complications** (may include but not limited to):

- |                                      |                                        |
|--------------------------------------|----------------------------------------|
| • Aneurysms                          | • Hardening of the arteries            |
| • Congestive Heart Failure           | • Heart Attack (Myocardial Infarction) |
| • Cerebral Vascular Accident(stroke) | • Kidney Failure                       |
| • Eye damage                         |                                        |

**Guidelines:** These guidelines **do not** replace proficiency based training of caregivers, agency policies or physician's orders.

- Physician recommendations for an acceptable range of readings (low/high parameters) for that individual and when to notify the physician

- The RN providing oversight to the consumer may also give nursing directives regarding the frequency staff are to monitor blood pressure and what parameters should be reported and to who.
- The RN providing oversight to the consumer evaluates the proficiency of staff in measuring blood pressure readings: standardize the environment, calm the person, legs not crossed, and arm at heart height
- Record the blood pressure readings in consumer file
- The agency should have written guidelines for care of the consumer with hypertension
- The agency should have written guidelines (refer to manufacturer's recommendations) addressing quality control of the blood pressure equipment
- **Resource Websites:**  
[www.nhlbi.nih.gov](http://www.nhlbi.nih.gov); [www.webmd.com](http://www.webmd.com); [www.medicinenet.com](http://www.medicinenet.com);  
[www.nlm.nih.gov/medlineplus](http://www.nlm.nih.gov/medlineplus)

### **Teaching Considerations:**

- Staff to be trained on signs and symptoms of the clinical manifestations of high blood pressure: headaches, visual disturbance, fatigue, palpitations, flushing, chest pain, blood in urine, or nosebleed
- Staff to be trained about dietary recommendations: sodium restriction, low fat foods, limiting alcohol intake, and decrease caffeinated beverages, etc.
- Staff to be trained about the side effects of the anti-hypertensive medications the consumer is receiving
- Staff to be trained about the importance of lifestyle adjustments: medication compliance, exercise, sleep, past time, work habits, etc.
- Staff to be trained about the importance of supporting the consumer in stress relief activities, relaxation techniques and routine exercise

## **Immobility**

**Definition:** Immobility is the inability to maintain and control body position: someone who requires assistance in changing position; or someone whose disability prevents sitting in an upright position; or someone who has limited positioning options.

**Complications** (may include but not limited to):

- |                                                      |                                                                  |
|------------------------------------------------------|------------------------------------------------------------------|
| • Falls which may result in broken bones and bruises | • Dehydration secondary to inability to access or request fluids |
| • Fear of falling                                    | • Skin breakdown/pressure sores                                  |
| • Loss of mobility and strength                      | • Decreased circulation/thrombosis                               |
|                                                      | • Joint deformities/contractures                                 |

- Respiratory complications
- Gastrointestinal, genitourinary, and/or psychological complications

**Guidelines:** These guidelines **do not** replace proficiency based training of caregivers, agency policies, or physician's orders.

- Consultation with dietician, physical therapist, or occupational therapist as ordered by physician
- Physician orders are to be present for adaptive equipment
- Adaptive equipment such as wheelchairs, braces, postural devices, etc. should be evaluated annually and/or per recommendations of the manufacturer
- Adaptive equipment should have a cleaning and maintenance schedule and implementation thereof
- The agency should have written guidelines for prevention of falls with interventions specific to the individual

**Teaching considerations:**

- Staff to be trained on proper positioning, transferring, and turning techniques and frequency of when the change in position is to occur
- Staff to be trained on proper techniques of assisting with range of motion exercises
- Staff to be trained on how to check for pressure areas and skin irritation
- Staff to be trained on proper nutrition and hydration needs of the immobile person
- Staff to be trained about the contributing factors of skin breakdown: age, hygiene, incontinence, etc.
- Staff to be trained on how to reduce the risks of the complications listed above, such as, exercise specific to individual's need to improve mobility and strength
- Staff to be trained to notify appropriate professional of any emergent complication of immobility
- Staff to be trained on how to assist with deep breathing and coughing exercises to prevent lung congestion according to specific physician's orders

## **Injuries: Two or more per month**

**Definition:** The consumer who experiences injuries more than twice per month, on the average; or who has required Emergency Room treatment; or admission to the hospital for injury in the last 12 months. Injuries may include self-injurious behaviors.

**Guidelines:** These guidelines **do not** replace proficiency based training of caregivers, agency policies, or physician's orders.

- Seek emergency assistance if indicated and notify primary care physician
- Primary care physician to be consulted if more than two injuries occur per month

- Staff to have current CPR and First Aid Training and documentation of these trainings needs to be in the personnel files
- Staff to notify Regional Offices and Agency Director
- Event Report Form (refer to Appendix B) to be completed for each injury to include: the time, location, description of injuries, notification of physician, support coordinator, and agency director, and the individual's description of what occurred
- The agency should have a policy for first aid and emergency treatment
- Agency to make use of psychological care in event of self-injurious behaviors

#### **Teaching considerations:**

- Staff to be trained on environmental risk factors and appropriate safety measures
- Staff to be trained on the documentation of injuries
- Staff to be trained on how to maintain the environmental and emotional safety of the client and house mates
- Staff to be trained about interventions and alternative activity/coping skill to support the consumer in avoiding self-injurious forms of behavior or communication

## **Insulin Usage**

**Definition:** Insulin is a hormone secreted by the beta cells of the islets of Langerhans of the pancreas; it is referred to as the antidiabetic hormone. Insulin may be delivered in one of a number of ways: Sub Q (under the skin), external insulin pump, insulin pen, and through the vein (hospital setting).

**Complications** (may include but not limited to):

- Dangerously low blood sugar
- Skin irritation at the injection site
- Possible weight gain
- Possible allergic reaction
- Increase in risk of heart and blood vessel disease.
- Dawn Phenomenon (abnormal early morning increase in the blood sugar, usually between 4 AM to 8AM.)

**Guidelines:** These guidelines **do not** replace proficiency based training of caregiver, agency policies, or physician's orders.

- Exact dose of insulin and time of administration must be ordered by the physician
- If insulin administration is delegated to a non-licensed staff, they must first be certified medication aides and have documentation of additional diabetes and insulin training by a medical professional before being considered for delegation of insulin administration. The overseeing nurse must provide ongoing supervision and evaluation of the delegated task and the individual's response.
- Documentation of this training and delegation is to be in the staff files and consumer chart

- The instructor of the Insulin Administration training will be responsible for proof of competency and provide a copy of that proof to the student, provider, and upon request to the Regional Office
- Procedures regarding Hyperglycemia & Hypoglycemia should be approved by the physician. Any food items to be used (juice, milk, peanut butter etc.) must be available for use at all times
- Storage, maintenance & monitoring of all medication and equipment will be determined specific to the individual's insulin regime
- Consumer may self-administer insulin if pre-approved by the treatment team and there is a physician's order indicating approval. This activity requires ongoing periodic evaluation by the RN providing the RN Oversight service. Documentation should include the individual's skills assessment completed at least annually and with any change in functioning or with concerns with diabetic stability.
- The agency is to have a procedure to follow if a staff member pricks self with a used needle

#### **Teaching considerations:**

- Staff to be trained about insulin administration as applicable to the consumer: types of insulin, storage of insulin, site selection and rotation of insulin administration, how to draw up insulin, and proper techniques of injection of insulin
- Staff to be trained about documentation of insulin to include dose and injection site
- Staff to be trained on the proper disposal of alcohol wipes, needles, and syringes
- Staff to be trained about the factors that influence insulin therapy, such as exercise or illness
- Staff to be trained about the effects of Insulin injections: reduction in blood sugar level, prevention of excessive breakdown of protein, etc.

## **Oral Health**

#### **Definitions:**

**Oral Healthcare Concern:** The consumer has identified oral healthcare concern(s) as evidenced by current need for specialized oral care by a dentist or oral hygienist more than twice yearly; requires daily physical assistance to complete basic oral hygiene needs; identified as being at risk for oral health issues such as gingival hyperplasia or periodontal disease due to current prescribed medications and/or health conditions such as Diabetes and/or other risk factors such as chewing tobacco or smoking. Has identified need for dental services which are not currently available (excluding oral surgery needs).

**Oral Health Issue:** The consumer is currently diagnosed or has a history of oral cancer. The consumer is currently in need of oral surgery. The consumer is diagnosed with Periodontitis. The consumer has current oral conditions such as abscess or lesions. The consumer does not have properly fitting dentures.

**Definitions:**

**Dental Abscess** is an infection of the mouth, face, jaw, or throat that begins as a tooth infection or cavity. These infections are common in people with poor dental health and result from lack of proper and timely dental care. Bacteria from a cavity can extend into the gums, the cheek, the throat, beneath the tongue, or even into the jaw or facial bones. A dental abscess can become very painful when tissues become inflamed. Pus collects at the site of the infection and will become progressively more painful until it either ruptures and drains on its own or is drained surgically. Sometimes the infection can progress to the point where swelling threatens to block the airway, causing difficulty breathing. Dental abscesses can also make you generally ill, with nausea, vomiting, fevers, chills, and sweats.

**Dental caries** plaque, a sticky film of bacteria, constantly forms on your teeth. When you eat or drink foods containing sugars or starches, the bacteria in plaque produce acids that attack tooth enamel. The stickiness of the plaque keeps these acids in contact with your teeth and after many such attacks, the enamel can break down and a cavity forms.

**Gingival Hyperplasia** is a non-inflammatory enlargement of the gingivae produced by factors other than local irritation. It is characteristically due to an increase in the number of cells. (From Jablonski's Dictionary of Dentistry, 1992, p400). Examples of medications linked to gingival hyperplasia are Phenytoin (Dilantin) ,Calcium Channel Blockers ,Nifedipine (Procardia) ,Diltiazem (Cardizem)and Cyclosporine. Other possible causes are puberty, pregnancy, leukemia and blood dyscrasias.

**Periodontal Disease** is an infection of the tissues that support your teeth. Periodontal diseases attack just below the gum line in the sulcus, where they cause the attachment of the tooth and its supporting tissues to break down. As the tissues are damaged, the sulcus develops into a pocket: generally, the more severe the disease, the greater the depth of the pocket. Periodontal diseases are classified according to the severity of the disease. The two major stages are gingivitis and periodontitis. Gingivitis is a milder and reversible form of periodontal disease that only affects the gums. Gingivitis may lead to more serious, destructive forms of periodontal disease called periodontitis.

**Some factors increase the risk of developing periodontal disease:**

- Tobacco smoking or chewing
- Systemic diseases such as diabetes
- Some types of medication such as steroids, some types of anti-epilepsy drugs, cancer therapy drugs, some calcium channel blockers and oral contraceptives
- Bridges that no longer fit properly
- Crooked teeth
- Fillings that have become defective
- Pregnancy or use of oral contraceptives

**Xerostomia**, also known as dry mouth syndrome can accelerate the rate of plaque and tartar build up on the teeth and increases the risk of developing periodontal disease or dental caries. Many medications can cause dry mouth.

**Complications of Oral Health Issues** (may include but are not limited to):

Researchers have found that periodontitis (the advanced form of gum disease that can cause tooth loss) is associated with other health problems such as cardiovascular disease, stroke and bacterial pneumonia.

Several **warning signs** that can signal a problem:

- Gums that bleed easily
- Red, swollen, tender gums
- Gums that have pulled away from the teeth
- Persistent bad breath or bad taste
- Permanent teeth that are loose or separating
- Any change in the way your teeth fit together when you bite
- Any change in the fit of partial dentures
- **It is possible to have periodontal disease and have no warning signs.** That is one reason why regular dental checkups and periodontal examinations are very important. Treatment methods depend upon the type of disease and how far the condition has progressed. Good oral hygiene at home is essential to help keep periodontal disease from becoming more serious or recurring. **You don't have to lose teeth to periodontal disease.** Brush, clean between your teeth (flossing), eat a balanced diet, and schedule regular dental visits for a lifetime of healthy smiles

**Guidelines for oral health care:** These guidelines **do not** replace proficiency based training of caregivers, agency policies, or physician's order.

- Individual to be evaluated by dentist
- Dentist recommendations to be obtained for specific oral hygiene care/needs
- The agency should have documentation of education provided to staff addressing specific oral health care needs
- The agency should keep track of when the oral health supplies are to be replaced and document the date of replacement

**Teaching Considerations for oral health care:**

- Staff to be trained on how to recognize symptoms related to oral health concerns
- Staff to be trained on the importance of supporting consumers with proper daily oral hygiene
- Staff to be trained on what symptoms to report to the physician/dentist
- Staff to be trained on the care of oral health appliances and reordering procedure
- Staff to be trained regarding importance of providing the dentist with health history including medication use, both prescription and over-the-counter products, and let the dentist know when there are changes

## **Oral Health Care Resources:**

### **Practical Oral Care for People with Developmental Disabilities**

<http://www.nidcr.nih.gov/oralhealth/Topics/DevelopmentalDisabilities>

### **A Caregivers Guide to Good Oral Health for Persons with Special Needs**

<http://www.specialolympics.org>

### **Oral Health Care for Children with Special Health Care Needs, Page 17: Partial list of Common Medications that cause Gingival Overgrowth**

<http://www.okacaa.org>

### **Oral Health as it Relates to General health for People with Intellectual/Developmental Disabilities**

<https://www.youtube.com/watch?v=fxk-yC34DKk&feature=youtu.be>

### **Special Circumstances with Oral Hygiene for People with Intellectual/Developmental Disabilities**

<https://www.youtube.com/watch?v=xuvqAF1YfE0&feature=youtu.be>

### **How to Assist a Person with Intellectual/Developmental Disabilities with Oral Hygiene**

<https://www.youtube.com/watch?v=0sZZiR4LQRA&feature=youtu.be>

# **Ostomy Care**

**Definitions:** A colostomy is a surgically created opening in the colon (large intestines). The large intestine is brought through the abdominal wall for passage of stool.

An ileostomy is a surgically created opening in the ileum (small intestines). The small intestine is brought through the abdominal wall to form a stoma for the passage of stool.

Each require specialized collecting devices, careful skin care, and sometimes changes in dietary habits as indicated in the physician's orders. In some cases they are temporary and can be surgically reversed.

**Complications of Ostomies** (may include but are not limited to):

- Bowel obstruction
- Electrolyte imbalance/dehydration
- Pain and discomfort
- Loss of appetite
- Skin breakdown
- Depression
- With ileostomy meds and nutrition may not be absorbed fully

**Guidelines for Ostomy Care:** These guidelines **do not** replace proficiency based training of caregivers, agency policies, or physician's order.

- Individual to be evaluated by primary care physician
- Physician recommendations to be obtained for fluid intake, dietary changes
- The agency should have documentation of education provided to staff addressing colostomy and/or ileostomy care
- The agency should have a policy addressing maintenance of a daily bowel log
- The agency should keep track of when the ostomy appliance is changed, and document the skin condition
- Avoid using crushed or time released meds when a consumer has an ileostomy, due to the change in absorption, refer to physician's orders

**Teaching Considerations for Ostomy Care:**

- Staff to be trained on how to recognize symptoms related to the bowel problems related to the ostomy (change in bowel habits, constipation, impaction, diarrhea)
- Staff to be trained in recognizing symptoms of electrolyte imbalance: confusion, lightheadedness, abdominal cramps, weakness, etc.
- Staff to be trained on the importance of dietary and fluid intake
- Staff to be trained on what symptoms to report to the physician

- Staff to be trained on the care of the 'ostomy' appliance and reordering procedure
- Staff to be trained in proper skin care

## **Oxygen Therapy**

**Definition:** Oxygen is considered a drug which is prescribed by a physician. The consumer receives supplemental oxygen through a small plastic tube for the purpose of relieving low levels of oxygen in the blood which can decrease shortness of breath, and prevent tissue damage.

**Reasons For Use** (may include, but are not limited to consumers who have or experience):

- Chronic Obstructive Pulmonary Disease (emphysema or chronic bronchitis)
- Cystic fibrosis
- Asthma
- Congestive heart failure
- Lung Cancer
- Shortness of Breath
- Signs of Respiratory Illness (coughing; shortness of breath; cyanosis which may be evidenced by a blue tint to the skin, lips, nail beds etc.)

**Complications associated with Oxygen Therapy** (may include but are not limited to):

- Atelectasis (Collapse of lung)
- Fires
- Increase risk of falls, related to tubing strung at feet during ambulation
- Skin breakdown from use of nasal prongs, tubing, masks
- Nasal dryness & nose bleeds may be caused by oxygen drying out nasal passages, asking the physician for saline nasal spray or humidification may help relieve these symptoms
- High concentrations of oxygen in consumers with severe lung disease can lead to carbon dioxide poisoning as the consumer may not have the lung capacity to exhale the carbon dioxide. Some signs and symptoms may be nausea/vomiting, dizziness, headache, rapid breathing, and flushing
- Severe cases of carbon dioxide poisoning as a result of high oxygen concentration can lead to confusion, convulsions, loss of consciousness and death

**Guidelines:** These guidelines **do not** replace proficiency based training of caregivers, agency policies, or physician's orders.

- Physician's orders to include concentration (liter flow), frequency (continuous, at bedtime or as needed, etc.) route of administration (nasal prongs, mask)

- Licensed nurses are qualified to administer oxygen
- In collaboration with the primary care physician, the consumer receiving oxygen, family members and/or other staff may be trained and delegated by the Physician or Registered Nurse to administer oxygen
- Phone numbers posted should include: emergency numbers for power outage and the supplier of equipment in the event of malfunctions
- The agency should have written guidelines about the documentation needed for addressing oxygen administration and safety

#### **Care of Equipment (may include, but are not limited to):**

- Nasal prongs should be washed one two times a week with a liquid soap and rinsed thoroughly
- Replace tubing and nasal prongs every two-to four weeks
- Tubing should **not** be over fifty (50) feet long, it would weaken the concentration if longer
- After a respiratory infection, change the tubing, masks or nasal prongs when the infection has passed
- The concentrator air filter should be cleaned at least two times a week using warm water and air dried
- Humidifiers should be washed and rinsed two times a week with warm soapy water, rinsed thoroughly and re-filled with sterile or distilled water
- More specific guidelines on the care of the equipment should be provided by the supplier
- Tanks should remain upright at all times; never to roll it to a new location. Newer oxygen equipment may not be tanks (refer to manufacturer's instructions as to care and use of this equipment)
- There must be documentation of staff teaching and training for care of oxygen equipment

#### **Teaching Considerations:**

- Staff to complete training on the consumer receiving oxygen therapy; including oral care, nasal care, and monitoring of pressure points from the nasal prongs, tubing or mask
- Staff to be trained about safety in transporting consumers with oxygen
- Staff to be trained to recognize the signs and symptoms of low oxygen levels; decreased levels of consciousness or alertness, increase in fatigue, increased breathing rate, cyanosis (bluish color in nail beds, lips, skin around mouth, grayish appearance, increase in restlessness or anxiety)
- Staff to be trained on recognizing the signs and symptoms of respiratory infections; fever, increased mucous, coughing, odor to mucous, increased shortness of breath, wheezing
- Staff to be trained on what to do in an emergency power outage
- Staff to be trained about fire hazards when oxygen is in use
- Staff to be trained on proper documentation for oxygen administration; flow rate, respiratory response, care of equipment, and skin condition

**FIRE HAZARD** (precautions may include, but are not limited to):

- Use water based lip, creams, lotions or nasal lubricants
- **NEVER** use petroleum based products on a consumer using oxygen, as they are flammable
- Signs should be clearly posted on the door and in the home stating, “No Smoking-Oxygen in Use”
- No open flames or combustible products within 50 feet of oxygen, such as candles, open flames, hot water heater, lighters, matches, etc.
- Portable tanks or cylinders should be stored a minimum of eight feet from heat producing and electrical appliances, in a well vented area. The small amount of oxygen gas that is continually vented from these units can accumulate in a confined area, such as behind curtains, closets, or other enclosed areas and become a fire hazard
- Due to the possibility of small electrical appliances sometimes causing sparks, battery powered razors and hair dryers that have less than 10 volts are recommended for consumers that wear oxygen
- Bedding and clothing of cotton material must be used because wools, nylon and synthetic material can cause static electricity and sparks

## **Pain, Uncontrolled**

**Definition:** Pain is described as an unpleasant sensory and emotional experience associated with actual or potential tissue damage. When it is not controlled the consumer may express mental and/or physical behavioral changes as a defense mechanism.

**Complications** (may include but are not limited to):

- Increased confusion
- Irritability, agitation, acting out or crying
- Changes in sleeping patterns
- Decreased social interactions, usual interests, activities, hobbies, etc.
- Weight loss
- Immobility

**Guidelines:** These guidelines **do not** replace proficiency based training of caregivers, agency policies, or physician’s orders.

- Individual to be evaluated by primary care physician
- Consultation with specialist as indicated by primary care physician: pain management clinic, neurologist, orthopedic, physical therapist, etc.
- Administer the pain medications as prescribed
- Take caution in using life threatening or unproven remedies for pain
- The agency should have a system to monitor and manage pain
- Follow up documentation regarding outcome if PRN meds are used

- If the pain is not relieved adequately, within 24-48 hours, follow up with physician for further evaluation

### Teaching considerations:

- Staff to be trained to recognize symptoms of pain: facial grimacing, squirming, sleep disturbance, self-injurious behaviors, change in appetite, or mood changes, etc. (Realizing consumers with MRDD may express themselves differently)
- Staff to be trained to monitor blood pressure, pulse, and respirations as indicators of pain
- Staff to be aware of side effects and interactions of pain meds, especially with psychotropic drugs

## Pica

**Definition:** Pica is the eating or abnormal craving of non-food substances. Clay, dirt, cigarette butts, starch, animal feces, paint, and hairballs are just a few examples of what individuals with pica have been known to eat. This pattern of behaviors must last at least one month for a diagnosis of Pica to be made.

### Complications (may include but are not limited to:

- |                          |                   |
|--------------------------|-------------------|
| • Malnutrition           | • Hospitalization |
| • Intestinal obstruction | • Death           |
| • Intestinal perforation | • Lead poisoning  |
| • Infections             |                   |
| • Choking                |                   |

**Guidelines:** These guidelines **do not** replace proficiency based training of caregiver, agency policies, or physician's orders.

- Evaluation by physician to determine laboratory studies, dietary concerns, and monitoring needs\*
- Cabinets that contain chemicals, toxic products, etc. should be locked
- Precautions within the environment must be taken based on individual need
- Pica concerns are to be addressed in the individual plan
- Staff to have current CPR and First Aid training in their personnel files
- The agency should have a reporting procedure for incidents of pica
- Close medical monitoring is necessary throughout treatment
- The consumer's team should address the Level of Supervision required to maintain the consumer's safety and to prevent episodes of PICA (example: one-on-one; within arm's reach at all times, bed checks every X number of minutes, etc.)
- Level of Supervision should be addressed in the consumer's ISP (individualized Support Plan)

- Close collaboration with a mental health team skilled in treatment of Pica is ideal for optimal treatment

### Teaching Considerations:

- Staff to be trained on signs and symptoms of an intestinal obstruction: abdominal fullness, pain and cramping, vomiting, failure to pass gas or stool, etc.
- Staff trained on observation and documenting PICA episodes including date, time of day, size and description of item ingested, activity/behaviors before and after episode
- Staff to be trained about the care of the consumer with PICA: monitoring bowel movements, observe for signs of aspiration, etc.
- Staff to be trained about nutritional needs of the consumer with PICA: highly textured snacks, monitoring against ingesting non-edibles

### Note:

**Certain items, such as paint chips, or other toxic substances can lead to poisoning. This is one of the most concerning and potentially lethal side effects of Pica.**

### **\*PLEASE NOTE\***

Dr. Joseph Parks, previous Medical Director of the Department of Mental Health, found that iron and zinc deficiencies are related to PICA. He recommends the following lab tests: serum iron, serum zinc, total iron binding capacity, and transferrin. Dr. Parks also suggests that these lab studies be updated every three years.

### Fun Trivia

*The word PICA is the Latin word for Magpie which is a bird notorious for eating almost anything.*

## **Psychotropic Medications**

**Definition:** Psychotropic medications are drugs that are prescribed to improve or stabilize mood, behavior, or mental status. Psychotropic medications are divided into different groups based on their therapeutic action: **Anti-depressant medications, Anti-anxiety medications, Mood Stabilizing medications, Antipsychotic medications, Stimulants, and Sedatives.** Some medications are classified for other purposes such as anticonvulsants. These medications may be considered psychotropic medications when they are utilized for the purpose defined above.

**Complications** (may include but are not limited to the following and can be severe):

- Tardive Dyskinesia – a potentially severe disorder characterized by involuntary movements of the face, trunk and extremities associated with long term use of antipsychotic medications. This can be permanent if not detected for early intervention
- Extrapyramidal Symptoms – these are signs of involuntary movements such as tremors, muscular twitching, muscle spasms, and restlessness

- Akathisia – early signs of extra-pyramidal syndrome characterized by motor restlessness and compulsion to move
- Neuroleptic Malignant Syndrome – usually during the first week of treatment, characterized by catatonic like state, rigidity, delirium, **fever**, and profuse sweating

**Guidelines:** These guidelines **do not** replace proficiency based training of caregiver, agency policies, or physician's orders.

- Consultation with psychiatrist at least annually unless otherwise recommended by primary care physician
- Prescribing physician to have a diagnosis in the client file to support the use of the psychotropic medication
- Prescribing physician has written orders for laboratory studies if indicated
- Prescribing physician assures informed choice
- Primary care physician aware of all medications prescribed by specialists
- The personal plan identifies the need for psychotropic medications
- The personal plan may identify the need for a positive behavior support plan
- The personal plan will include the agency protocol to address the situation surrounding the need for a PRN psychotropic medication:
  - steps to be taken to support the individual's safety
  - steps to be taken to de-escalate behaviors problems
  - who to contact for approval in administering the PRN psychotropic medication
  - The agency should have written guidelines for the use of psychotropic medications
  - For the consumer receiving antipsychotic medications a tool to measure involuntary movement should be completed per the protocol listed for the involuntary movement tool used (Tardive Dyskinesia/AIMS. **This may be completed by the RN providing the RN Oversight service for the consumer or by the monitoring physician.**

#### **Teaching Considerations:**

- Staff to be trained about the purpose of the medication prescribed
- Staff to be trained about possible adverse effects of psychotropic medications: liver toxicity, constipation, bowel obstruction, weight gain, sedation, etc.
- Staff to be trained on monitoring for side effects of psychotropic medications: tardive dyskinesia, extrapyramidal symptoms, akathisia, etc.
- Staff to be trained on the time frame to expect the medication to become effective
- Staff to be trained about sensitivity to the sun and the need for these consumers to use sun screening agents

## **Recurrent Respiratory Infections**

**Definition:** A recurrent respiratory infection of the respiratory tract is one that has occurred more than twice in a year. A respiratory tract infection can be upper respiratory such as the common cold, sinus infection, or strep throat. Or it can be a lower respiratory infection such as reactive airway disease, bronchitis or pneumonia.

**Complications** (may include but are not limited to):

- Hospitalization
- Death

**Guidelines:** These guidelines **do not** replace proficiency based training of caregivers, agency policies, or physician's orders.

- The personal plan should have supports identified with regards to the recurrent infections and treatments needed
- Evaluation by physician for treatment and monitoring needs
- Consultation with the physician for recommendations for vaccinations: pneumonia, influenza, etc.
- Evaluation by Speech Therapy and/or Respiratory Therapy if indicated
- The agency should have a tracking system for monitoring recurrent respiratory infections

**Teaching considerations:**

- Staff to be trained on the signs and symptoms of respiratory infections: Chest pain, coughing, fever, fatigue, wheezing, difficulty breathing, shortness of breath, muscle aches, sore throat, nasal drainage, etc.
- Staff to be trained on body substance precautions to prevent the spread of infection
- Staff to be trained on keeping the home well ventilated to reduce indoor air pollution
- Staff to be trained on what and when to report to the physician

## **Seizure Disorder**

**Controlled or Uncontrolled**

**Definition:** A seizure is described as a disturbance of electrical activity in the brain. The brain sends out wrong signals causing the person to experience strange sensations, emotions, and may include muscle spasms or loss of consciousness. When medical treatment has limited the seizure activity to less than six (6) seizures per month, the seizure disorder is considered **controlled**.

To fit our criteria of **uncontrolled seizures**, the consumer:

- has experienced more than six (6) seizures a month, or
- has experienced an increase in seizure activity, or
- was admitted to the hospital for seizure activity in the past 12 months, or
- was admitted to the hospital for anticonvulsant toxicity in the past twelve months

**Complications** (may include but are not limited to):

- Physical Injury
- Cognitive changes
- Choking
- Ineffective breathing

**Guidelines:** These guidelines **do not** replace proficiency based training of caregivers, agency policies, or physician's orders.

- Physician to evaluate and make recommendations of when to be notified in relationship to seizure activity
- **Learn when to seek emergency medical assistance**
- Documentation of seizure activity should be kept in consumer file and taken to appointments related to follow up and evaluation of seizures
- The agency should have written guidelines for the monitoring, interventions, treatment, and follow up care for this consumer's seizure activity

**Website Resources:**

[www.epilepsyfoundation.org](http://www.epilepsyfoundation.org)

[www.ninds.nih.gov/disorders/epilepsy](http://www.ninds.nih.gov/disorders/epilepsy)

[www.nlm.nih.gov/medlineplus/epilepsy](http://www.nlm.nih.gov/medlineplus/epilepsy)

**Teaching Considerations:**

- Staff to be trained about the specific seizure disorder of the consumer
- Staff to be trained on how to support someone during a seizure
  - For general seizures: assist the person to the floor, for safety, roll individual onto their side to prevent aspiration of saliva, remove glasses and loosen tight clothing, clear surrounding area of furniture that may cause injury, assist the person to a safe and comfortable area after seizure activity stops
  - For partial seizures: use gentle touch and assure them they are ok, prevent injury or wandering for safety

- Staff to be trained on the follow up care after the consumer experiences a seizure
- Staff to be trained on proper documentation of seizure activity: date, time, length of seizure, precipitating factors, description of movements, etc.
- Staff to be trained on causes and influencing factors of seizure activity: food, drink, environment, medications, temperature, etc.
- Staff must be trained on physician's orders for each individual consumer
- Staff to be trained as to when to call an ambulance:
  - if the seizure happened in water
  - if this is the person's first seizure
  - if the person is injured, pregnant, or diabetic
  - if the seizure continues more than five minutes
  - if consciousness does not return after the seizure has stopped
  - if the person's vital signs are abnormal 30 minutes after the seizure has ended
  - if the seizures stop and then start back up again
  - if there is one sided weakness or paralysis develops after a seizure
  - if there is continuous vomiting after the seizure
  - if the person has a fever greater than 102 degrees, etc.

## **Significant Changes in Health or Behavior in the past year**

**Definition:** The consumer, over the past twelve (12) months, has experienced an unexpected decline in mental or physical health that despite treatment has caused a change in ability to meet their basic needs of daily living, such as cooking, dressing, eating, housekeeping, hygiene, laundering, toileting, etc.

**Complications** (include but are not limited to):

- Current health symptoms become worse or new symptoms develop.
- The type of supports needed in the home have changed
- Hospitalization
- Death

**Guidelines:** These guidelines **do not** replace proficiency based training of caregivers, agency policies, or physician's orders.

- Immediate evaluation by the physician
- Immediate notification of the Regional Office and Agency Director
- Designated Staff must be able to communicate information about consumer's health and medical history to the physician or health professional

- If the changes in health indicate additional supports, include these in the Individualized Support Plan (ISP)
- Meet with the support coordinator and complete the referral to the crisis team, if indicated for behavior changes
- The agency should have a reporting procedure to address changes in health status or behavior concerns

#### **Teaching Considerations:**

- Staff to be trained about the change in health status
- Staff to be trained about new diagnoses
- Staff to be trained in positive behavior supports

## **Suctioning/Airway Management**

**Definition:** Airway management involves ensuring that the consumer has a patent airway through which effective ventilation can take place. The consumer requires the use of suctioning to remove thick mucus or other fluid that is blocking a person's airway when the person is unable to cough. The greatest risk of airway management is that the airway may become blocked, causing the patient to have respiratory distress.

**Purpose:** The primary purpose of airway management is to provide a continuously open airway along with a continuous source of oxygen.

**Results:** The anticipated outcomes of airway management are a continuously open airway through which effective ventilation can take place, and prevention of infection.

**Complications** (may include but are not limited to):

- Fear and agitation for patients when they feel they do not have control over their breathing
- Low level of oxygen in body tissues (lip or nail color develops a bluish color)
- Trauma to lining of mouth, nose and trachea
- Cardiac or Respiratory Arrest
- Airway Infection
- Blood pressure changes
- Coughing up blood

**Guidelines:** These guidelines **do not** replace proficiency based training of caregivers, agency policies, or physician's orders.

**Note:** Licensed nurses and respiratory therapists are qualified to perform oropharyngeal or deep tracheal suctioning; unlicensed staff are not qualified to do this level of suctioning.

- Physician orders will be specific to the task and include the exact type of equipment, frequency and type of suctioning
- Tasks that require nursing judgement or assessment may not be delegated. This task would be considered a nursing care task, therefore if the RN providing oversight determines delegation to a non-licensed staff to be appropriate, that staff would require additional training by the appropriate medical professional, demonstrate competency, and receive ongoing supervision by the nurse.
- All components of delegation (training, competency, assignment, supervision) should be documented and continuously evaluated.
- Delegation of Specified Task form should be used to document delegation and should be filed in the consumer's chart
- The agency should have written guidelines for suctioning and care of the equipment
- The agency should have an emergency response plan in the event of power loss
- The agency should have an alternative means of communication identified for the consumer, if needed
- Modification to performance of CPR should be included in the physician orders and the ISP.

#### **Teaching considerations:**

- Staff to be trained about the documentation needs of the consumer who receives suctioning: the date and time of suctioning, the type of suctioning, and the respiratory status before and after the suctioning
- Staff to be trained to provide the aftercare required to confirm the stability of the patient
- Staff to be trained on the signs and symptoms when suctioning is needed: "gurgle" sound of secretions, hard time breathing, heart or breathing rate increases, cyanosis (blue or gray color), eyes protruding, dizziness, and unconsciousness
- Staff to be trained to perform each aspect of the task by an appropriate professional as stated above
- Staff to be trained on all aspects of suctioning, the suctioning equipment, and proper disposal for waste products after suctioning
- Staff to be trained to use proper technique before, during and after the suctioning procedure

## **Tracheostomy**

**Definition:** This is a surgical opening (called a stoma) into the trachea or windpipe for airway management. A tube is inserted through the opening to allow passage of air and removal of secretions. Instead of breathing through the nose and mouth, the person breathes through the tracheotomy tube.

#### **The Tracheotomy Tube consists of Three Parts:**

1. Outer cannula- the outer tube that holds the tracheostomy open. A neck plate extends from the sides of the outer tube and has holes to attach cloth ties or Velcro strap around the neck. It has a lock to keep it from being coughed out, and it is removed for cleaning

2. Inner cannula- fits inside the outer cannula
3. Obturator- fits inside the tube to provide a smooth surface that guides the tracheotomy tube when it is being inserted

**Complications** (may include but are not limited to):

- Respiratory distress and tube obstruction
- Pulsating, oozing bleeding
- Infection
- Subcutaneous emphysema
- Aspiration
- Impaired skin integrity around the site
- Tracheostomy tube accidentally comes out
- Hospitalization
- Death

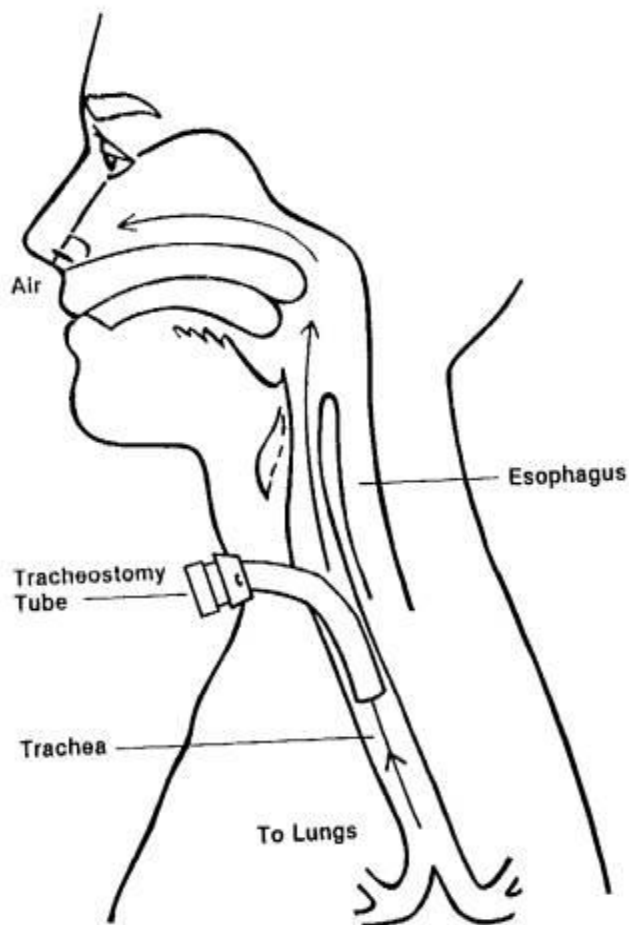
**Guidelines:** These guidelines **do not** replace proficiency based training of caregivers, agency policies, or physician's orders.

- Physician's orders to include specific orders for size and type of tracheostomy product; tracheostomy care; tube replacement, and introduction of humidified air if required
- The agency must have a replacement tracheotomy tube available in case of an emergency or for use while cleaning the first tube
- A backup power source must be available (suctioning & humidity devices)
- Endotracheal suctioning is a necessary procedure for consumers with artificial airways. This is not a benign procedure and designated staff be trained and must be qualified to access the need for the procedure
- Designated, trained staff must be skilled in patient preparation, the suctioning event(s) and follow up care
- Documentation of treatment and care of tracheostomy to be included in the consumer files
- Maintenance and cleaning of the equipment must be documented
- **May require 24 hour nursing care**
- Tasks that require nursing judgement or assessment may not be delegated. **Only the supervising RN may determine if task is appropriate to be delegated to an unlicensed assistive personnel.** This would require evidence in the form of documentation which demonstrates the training staff received, the staff's competency, the delegation or assignment to staff and the ongoing supervision by the nurse. Documentation must be available for review at all times by staff; Licensure; Regional Office, etc.
- An Individualized emergency plan should be included in the ISP
- Staff to have current CPR and First Aid training in the agency files
- Modification for performance of CPR should be specified by the PCP and included in the ISP
- The environment must be suitable to support the person with an artificial airway
- The agency must have written guidelines for the care of the tracheostomy; dressing changes, tube changes, suctioning, and when to consult a physician

### Teaching Considerations:

- Staff to be trained on routine and emergency care for the person with a tracheostomy
- Staff to be trained about the needs of the consumer with a stoma, including skin care at the site of the stoma
- Staff to be trained on specific feeding techniques
- Staff to be trained on the signs of infection –swelling, redness, warmth, pus, increasing pain
- Staff to be trained on maintaining the integrity of the tracheostomy products and equipment

### Illustration of Tracheostomy Tube



# Tube Feeding

**Definition:** Tube feedings are used when the consumer requires administration of nutrition and/or fluid through a tube inserted into the gastrointestinal tract. It may be the only source of nutrition, or it may be a supplement to oral feedings. Placement may be permanent or temporary.

## **Types of tube feedings:**

A variety of tubes are used in medical practice. They are usually made of polyurethane or silicone, which is not affected by gastric acid.

Nasogastric or NGT: Used temporarily, for up to six (6) weeks. It is passed through the nose, down the esophagus and into the stomach. This type of feeding tube is not recommended for anyone who has a history of nasal injuries, gastroesophageal reflux, upper gastrointestinal strictures or who may be high risk for aspiration.

Percutaneous Endoscopic Gastronomy (PEG): Can be temporary or permanent. It is the most common and placed under sedation using an endoscopic procedure. The tube is initially sutured and held in place by a balloon, that can be deflated or by a retention dome which is wider than the tract of the tube. They last about 6 months and are replaced by the physician through the existing passage without an endoscopic procedure.

Jejunostomy: A finer bore and smaller diameter tube surgically placed in the jejunum, the 2<sup>nd</sup> part of the small intestines. The GI tract is bypassed completely. Some indications for use may be for people that are higher risk for aspiration, have trouble digesting food or emptying their stomach, or have pancreatic disease. These tubes are prone to clogging, particularly with some meds. They must be flushed well before and after meds. Certain meds are not recommended to pass through these tubes.

## **Complications (may include but are not limited to):**

- Aspiration (inhalation of food, liquids, or saliva into the lungs), causing pneumonia or other respiratory complications
- Dislodgement of the tube which can lead to peritonitis
- Feeding tubes can become occluded or inadvertently pulled out
- Feeding tube may migrate and cause gastric outlet obstruction or other internal organ injuries
- Constipation
- Diarrhea
- Dehydration or electrolyte imbalances
- Gastric reflux
- Nutritional Deficits
- Irritation or infection of stoma site

**Guidelines:** These guidelines **do not** replace proficiency based training of caregivers, agency policies, or physician's orders.

- Licensed nurses are qualified to administer tube feedings. Tasks that require nursing judgement or assessment may not be delegated. If the RN determines the task appropriate to delegate to unlicensed staff, that staff must be trained by an appropriate medical professional, demonstrate competency in performing the task, be assigned the task, and be provided nursing supervision.
- Physician's orders should detail the exact type of tube feeding; the amount of formula to be used; the frequency of feedings; and positioning of the consumer to be maintained during and after the feedings
- Physician's orders should indicate the frequency at which weights are to be obtained, frequency of gastric residual checks, administration of water, and laboratory testing
- Physician will determine the length of time the tube should be left in place. A plan should be in place for scheduled or emergency tube replacement
- The agency must have written guidelines for tube feeding approved by the RN who is in the RN Oversight role. The guidelines should be reviewed annually at minimum
- If applicable, documentation of delegation of administration of medications through the tube must be in the consumer and staff files
- Medications given via tube should be prescribed in a form and type of medication compatible with the tube feeding process. Do not crush medications or time released medications without a physician's orders
- Physician orders to include care of tube insertion site
- Dietary evaluation, as ordered by physician for type and content of feeding
- Physician orders to include instructions on how to manage a clogged tube

**Teaching Considerations:**

- Staff to be trained on how to inspect the abdomen, keep intake and output records, monitor weights
- Staff to be trained on how to monitor the consumer receiving tube feedings for complications: diarrhea, nausea, vomiting, aspiration of tube feed contents, tissue damage, etc.
- Staff should be trained regarding the type of tube and the anatomy of its placement, how to monitor for migration of tube, measuring and documentation
- Staff to be trained in caring for the insertion site, monitoring for complications, properly securing clamps; tubing and dressings
- Staff to be trained, delegated, and supervised by the RN who is in the RN Oversight role about the administration of medications through a tube

# Urinary Catheter

**Definition:** A flexible tube inserted into the bladder for the purpose of draining the urine.

**Complications** (may include but are not limited to):

- Urinary tract and or kidney infection
- Bladder spasms
- Catheter obstruction
- Trauma of urethra or bladder
- Development of latex allergies
- Bladder stones
- Blood in the urine
- Skin breakdown

**Catheter Types:**

- Latex, Silicon, Silicon-elastomer (latex catheter with silicone coating), Hydrogel coating (friction reducing), Antimicrobial-Coated Silicone (bacterial reducing). Straight tipped or Coude tipped (specially curved tipped to negotiate around an enlarged male prostate)
- Most common sizes are 14 to 18 French, unless there are blood clots or sediment that could occlude the lumen. They can be down sized with proper physician orders, usually on a monthly basis. Larger diameter catheters are more uncomfortable and can cause more traumas to the urethra and par urethral glands (that produce mucus that help protect against bacteria)
- Balloon sizes vary from 1 - 3 cc in pediatric to 5 – 30 cc in adult. The balloon is designed to keep the catheter secure in the bladder (not to occlude the urethra or prevent leakage). The larger the balloon the more possibility for damage to the bladder neck. Pretesting silicone balloons prior to insertion is not recommended as pretest can cause a cuff or crease formation at the balloon which can cause urethra damage during insertion
- Straight one time catheters may be ordered by the physician. These are catheters without a balloon. It can be performed using sterile or clean technique, as ordered by the physician

**Guidelines:** These guidelines **do not** replace proficiency based training of caregivers, agency policies, or physician's orders.

- Licensed nurses are qualified to perform **straight urinary catheterizations**. Tasks that require nursing judgement or assessment may not be delegated. If the RN determines the task appropriate to delete to unlicensed staff, such staff must be trained by an appropriate medical professional, demonstrate competency in performing the task, be assigned the task, and be provided nursing supervision.
- All components must be documented if task is delegated. Documentation of delegation should be present in the consumer's chart

- Physician's orders should include the size and type of the catheter; frequency at which the catheter should be changed; irrigation of the catheter; type and amount of solution, and lab studies needed
- The agency should have written guidelines addressing catheter care: how to clean and store, when to replace, infection control, privacy management with changing catheters or catheter care, checking expiration dates on solution, catheters, and what symptoms to report to the physician

### **Teaching Considerations:**

- Staff to be trained about catheter care: positioning of the urinary drainage bag, keeping tube free of obstructions, securing catheter to prevent trauma, frequency of emptying the urinary bag, proper documentation, when to consult with the physician, etc.
- Staff to be trained on the signs and symptoms of complications: bladder spasms, pain, urine leakage around the catheter, no urine output, and skin breakdown, etc.
- Staff to be trained on the signs and symptoms of urinary tract infection: burning on urination, frequency of urination, cloudy urine, changes in urine odor, blood in urine, fever, low abdominal or pelvic pain or mid to low back pain, confusion, etc.
- Staff to be trained about infection control; hand washing, keeping drainage bags and tubing off the floor, proper positioning of drainage system, proper hygiene of perineum, catheter care, never disconnecting the system or plugging system without physician orders
- Staff to be trained on the importance of increasing fluids and avoiding caffeine products as they stimulate the bladder
- Staff to be trained on the importance of documentation and reporting if there is leaking of urine around the catheter as this could possibly be due to damage to the catheter balloon, caused by bladder stones
- Staff to be trained on documentation of how long before the consumer voids, the amount voided, color, and odor of the urine after the catheter has been discontinued

# Vagus Nerve Stimulation

**Definition:** A Vagus Nerve Stimulation (VNS) device is surgically implanted under the skin on the left side of the chest and has a lead to the Vagus nerve in the neck. It is a battery operated stimulator which emits short bursts of electrical energy directed into the brain through the Vagus nerve on a twenty-four hour continuous cycle. A magnet is used externally to command additional stimulation or inhibit stimulation. The Vagus Nerve Stimulator is programmed by the physician. This therapy is currently approved for use in adults and children over 12 who have partial seizures that resist control by other methods.

**Complications** (may include but not limited to):

- Hoarseness, cough, tickling in the throat, and changes in the voice during VNS
- Failure to activate the stimulator if the magnet is not stored properly
- Swallowing difficulties resulting in injury to the Vagus nerve
- Infection
- Bleeding
- Discomfort at the site

**Guidelines:** These guidelines **do not** replace proficiency based training of caregivers, agency policies, or physician's orders.

- Consumer to have an evaluation and follow up appointments by a Neurologist
- Designated staff to attend follow up appointments with the neurologist
- Magnet is to be kept at least 10 inches from credit cards, televisions, computer disks, microwave ovens, or other magnets
- The VNS magnet should be readily available for use at all times (example: take with the consumer when out in the community; while at a day program; or while working)
- If approved by the Neurologist, and with an order on file, the consumer may be able to use the magnet on him or her self
- Battery life may be about six years; a surgical procedure is needed to replace the battery
- People with the VNS implant should not have any kind of diathermy treatment as therapeutic deep heat treatments may cause the implant to heat up and damage the nerves and tissue
- Manufacturer supplied identification card will be provided to all health care professional's etc. prior to any treatment
- Resource websites: [www.epilepsyfoundation.org](http://www.epilepsyfoundation.org) and [www.cyberonics.com](http://www.cyberonics.com)

### Teaching Considerations:

- Staff to be trained on the proper storage, and care of the magnet. The magnet should be available for use of the consumer at all times
- Staff to be trained on signs and symptoms of seizure activity: blank stare, loss of consciousness, involuntary movements, muscle twitching, and when to use the magnet
- Staff must be supported to obtain record and report accurate seizure activity information.
- Staff to be trained on the side effects of using Vagus Nerve Stimulation: tingling sensation in the neck and/or mild hoarseness of the voice, shortness of breath, transient sensations of choking throat pain, ear or tooth pain, skin irritation etc.
- Documentation of delegation of the use of the VNS magnet should be filed in the consumer's chart

## Ventilator

**Definition:** This is a mechanical device used for supplying air/oxygen under pressure to breathe for a person or to assist a person in breathing.

### **Description:**

Ventilation is the process of inflating and deflating the lungs by replacing some or all of the muscular effort required to breathe. Different types of ventilators can be programmed to provide several modes of mechanical ventilation. The goal of mechanical ventilation is to sustain life by exchanging amounts of oxygen into and carbon dioxide out of the lungs. Cough assistance may be delivered from the machine. This clears secretions that would otherwise accumulate and provide a locus for infection as well as interfere with gas exchange. The air from a ventilator is delivered to the patient either through a face mask or directly into the lungs through a tracheostomy tube.

### **Complications:**

- Respiratory Distress (pneumothorax, difficulty breathing due to ventilator failure)
- Infection
- Tissue damage (tracheal stenosis or fistulas, vocal cord injuries)
- Electrolyte Imbalance
- Oxygen toxicity
- Immobility complications such as: Venous thrombosis, skin breakdown and atelectasis
- Hypertension or Hypotension
- Accidental removal of the tube

**Guidelines:** These guidelines **do not** replace proficiency based training of caregivers, agency policies, or physician's orders.

- Requires specific physician's orders

- An emergency power source must be immediately available
- **Requires Nursing Care with quick nursing response time and may require 24 hour nursing care by nurses certified in ventilator care**
- Emergency resuscitation equipment should be readily available
- The ISP must include an emergency care plan.
- The agency should have written guidelines for ventilator use and maintenance and cleaning

#### **Teaching considerations:**

- Staff to be trained in the legal limitations of their support to the individual on a ventilator
- Staff to be trained about the need for a ventilators
- Staff to be trained in recognizing the symptoms of respiratory distress: grunted breathing, nasal flaring, rapid breathing, low body temperature, etc. and know how to respond to emergency
- Staff to be trained in recognizing the symptoms of electrolyte imbalance: confusion, lightheadedness, abdominal cramps, weakness, etc. and know what to report
- Nursing staff to be trained specific to each machine's functions, settings etc.
- Contact information for service/repairs for all durable equipment is posted
- The agency must have a communication methodology for communication with the consumer (examples: dry erase board; communication book; pictorial manual; sign language, etc.)

## **Weight Concerns: Difficulty Maintaining or Losing**

**Definition:** The consumer has experienced unplanned weight gain or loss of 5 pounds per month; or the consumer has a modified diet prescribed by a physician to maintain or lose weight; or the consumer has weight instability due to difficulty in consuming adequate nutrition; or the consumer has frequent meal refusal, or there are other medical reasons.

**Complications** (may include but are not limited to):

- Malnutrition
- Skin breakdown
- Associated health problems with obesity: diabetes, hypertension, coronary heart disease, osteoporosis, sleep apnea, vision problems, hair loss, high cholesterol, and cancer

**Guidelines:** These guidelines **do not** replace proficiency based training of caregivers, agency policies, or physician's orders.

- Evaluation by physician for weight concerns, medications, lab testing, dietary orders, and weight frequencies
- Consultation with dietician as recommended by physician
- Document the weights in consumer's chart and establish a process to report weight concerns
- Nursing Directives may also direct staff on frequency of obtaining weights and parameters for reporting.

#### **Teaching considerations:**

- Staff to be trained about possible causes of weight variation: medications, age, stress, diagnosis, or other physical conditions
- Staff to be trained on the diet order and how to document the dietary measures followed (example: counting and documenting; grams of carbohydrates; sodium; calories; fat grams, etc.)
- Staff to be trained on meal planning, purchase of groceries, healthy snacks, portion sizes, and eating out
- Staff to be trained on ways with how to assist the consumer in maintaining or gaining weight in the case of the consumer being designated as underweight (any intervention requires a physician's order)
- Staff to be trained on ways to assist the consumer in losing weight if the consumer is designated as being overweight (any intervention requires a physician's order)
- Staff to be trained on how to obtain accurate weights: weigh the same time each day, with the same scale, wearing the same clothes, scales are to be on a hard surface not carpet, and if the individual is unable to stand then a wheelchair scale is to be utilized

# Resources for Health Reference Manual Update

August, 2020

**Airway Oxygen, Inc. Home Medical Equipment**

<https://www.airwayoxygeninc.com/>

**American Academy of Otolaryngology-Head and Neck Surgery –** <https://www.entnet.org/>

**American Dental Association -** <https://www.ada.org/en>

**American Lung Association –** <https://www.lung.org/>

**American Nephrology Nurses Association -** <https://www.annanurse.org/>

**Center for Disease Control –** [www.cdc.gov/aging](http://www.cdc.gov/aging)

<https://www.diabetes.org/>

<https://www.emedicinehealth.com/script/main/hp.asp>

**Epilepsy Foundation –** [www.epilepsyfoundation.org](http://www.epilepsyfoundation.org)

**Family Caregiver Alliance –** <https://www.caregiver.org/>

**Healthline –** [www.healthline.com](http://www.healthline.com)

**Head and Neck Cancer, Org -**<https://www.headandneck.org/>

**Hopkins Hospital -** [www.hopkinshospital.org](http://www.hopkinshospital.org)

**International Association for the Study of Pain (IASP) -** <https://www.iasp-pain.org/>

**Lovenox.com-** <https://www.lovenox.com/>

<https://www.mayoclinic.org/diseases-conditions/metabolic-syndrome/symptoms-causes/syc-20351916>

**Merk Manual Home Edition-** <https://www.merckmanuals.com/home>

<https://medlineplus.gov/druginfo/meds/a682128.html>

**MedicineNet.com –** [www.medicinenet.com](http://www.medicinenet.com)

**National Cancer Institute -** <https://www.cancer.gov/>

**National Caregiver Alliance –** <https://www.caregiving.org/>

**National Heart Lung and Blood Institute –** <https://www.nhlbi.nih.gov/>

**National Institute of Neurological Disorders and Strokes** – <https://www.ninds.nih.gov/Disorders/All-Disorders/Epilepsy-Information-Page>

**National Kidney Foundation** - <https://www.kidney.org/>

<http://mh.networkofcare.org/>

**Oklahoma Association Community Action Agencies** - <https://okacaa.org/>

<http://products.sanofi.us/Lovenox/Lovenox.pdf>

<https://www.usa.philips.com/c-e/hs/sleep-apnea-therapy/overview.html>

<https://www.hcplive.com/view/sleep-disorders>

**Special Olympics** - <https://www.specialolympics.org/>

**United Ostomy Association of America**- <https://www.ostomy.org/>

**US National Library of Medicine and the National Institutes of Health** – <https://www.nlm.nih.gov/>

**WebMD**- [www.webmd.com](http://www.webmd.com)

[www.dukehealth.org/HealthLibrary/CareGuides/Cancer/TreatmentInstructions/Jeju...](http://www.dukehealth.org/HealthLibrary/CareGuides/Cancer/TreatmentInstructions/Jeju...)

[www.laclede.com/learn/medlist.asp](http://www.laclede.com/learn/medlist.asp)

[www.patient.co.uk/showdoc/40000186/](http://www.patient.co.uk/showdoc/40000186/)

<https://www.webmd.com/diet/obesity/default.htm>

<https://www.webmd.com/mental-health/mental-health-pica#1>

<https://www.webmd.com/multiple-sclerosis/intrathecal-baclofen-pump>

[https://en.wikipedia.org/wiki/Feeding\\_tube](https://en.wikipedia.org/wiki/Feeding_tube)

## Appendix A

### COVID-19 (Coronavirus)

**Definition:** COVID-19 is an illness caused by a virus that can spread from person to person. The virus that causes COVID-19 is a new coronavirus that has spread throughout the world. Symptoms can range from mild (or no symptoms) to severe illness. A person can become infected from an infected person's respiratory droplets when they cough, sneeze, or talk. You may be able to get it by touching a surface or object that has the virus on it, and then by touching your mouth, nose, or eyes.

**Signs and symptoms:** These may occur 2 to 14 days after exposure to the virus. If any of these symptoms occur and potential or known exposure is known, please contact your local health department, Emergency room, or primary care physician for further direction:

- |                       |                       |                        |
|-----------------------|-----------------------|------------------------|
| - Fever               | - Cough               | - Tiredness            |
| - Loss of taste/smell | - Shortness of breath | - Difficulty breathing |
| - Muscle aches        | - Chills              | - Sore throat          |
| - Runny nose          | - Headache            | - Chest pain           |
| - Rash                | - Nausea              | - Vomiting             |
| - Diarrhea            |                       |                        |

**At Risk Population:** Anyone can become infected with this coronavirus but there are groups of people who have a higher risk of serious illness, such as an existing chronic medical condition and increased age. Some of these are listed below:

- Serious heart diseases, such as heart failure, coronary artery disease or cardiomyopathy
- Cancer
- Chronic obstructive pulmonary disease (COPD)
- Diabetes
- Sever obesity
- Chronic kidney disease
- Sickle cell disease
- Weakened immune system
- Asthma
- Liver disease
- Chronic lung diseases such as cystic fibrosis
- Brain and nervous system conditions
- Weakened immune system from bone marrow transplant, HIV, or some medications
- High blood pressure
- Elderly

### **Testing/Quarantine/Isolation Protocols (provider agencies should have written protocols for COVID - 19):**

- **Quarantine** is used to keep someone who might have been exposed to COVID-19 away from others. It helps prevent the spread of disease before a person knows they are sick or if they are infected with the virus without symptoms. People in quarantine should stay home, separate themselves from others, monitor their health, and follow directions from their state or local health departments. Watch for signs or symptoms listed that are listed above. CDC recommends staying home for 14 days after last contact with a person who has COVID-19. Staff should follow agency policy regarding quarantine.
- **Isolation** is used when someone has a positive COVID-19 test and need to be isolated away from people who are not infected. Per CDC guidelines, individuals who test positive can be with others after at least 10 days since symptoms first appeared AND at least 24 hours with no fever without fever-reducing medications AND symptoms have improved. If severely ill with COVID-19 a healthcare provider may recommend staying in isolation for longer than 10 days after symptoms first appeared. Staff should follow agency policy regarding isolation.
- **Testing** - There are two types of testing for COVID-19, Viral and Antibody test. Individuals should consider being tested if they have symptoms of COVID-19, close contact (less than six (6) feet for at least 15 minutes) with someone with confirmed COVID-19, or if referred to get tested by Primary Care Physician, local or state health department. Staff should follow agency policies related to testing. Anyone may call the local or state health department to find out testing centers near them. After being tested, quarantine until results are known.

### **Prevention of spreading COVID-19- Staff should be educated on the following:**

Although there is no vaccine available to prevent catching COVID-19 you can take these steps to reduce your risk of infection:

- Avoid large events and large gatherings
- Avoid close contact (approx. six. (6) feet or less, social distancing) with anyone who is sick or has symptoms
- Stay home as much as possible and keep distance between yourself and others, especially if you have a higher risk of serious illness. Keep in mind some people may have COVID-19 and spread it to others, even if they don't have symptoms or don't know they have it
- Wash your hands often with soap and water for at least 20 seconds, or use an alcohol based hand sanitizer that contains at least 60% alcohol
- Cover your face with a cloth face mask in public spaces where social distancing cannot be done
- Cover your mouth and nose with your elbow or a tissue when you cough or sneeze
- Avoid touching your eyes, nose, and mouth
- Avoid sharing dishes, glasses, towels, bedding or other household items if you are sick

- Clean and disinfect high-touch surfaces, such as doorknobs, light switches, electronics, and counters daily
- Stay home from work, school, and public areas if you are sick, unless you are going to get medical care
- Avoid public transportation and ride sharing if you are sick

### **COVID 19 Considerations and Staff Trainings:**

- Does the individual need reminders or physical assistance to wash hands often and for at least 20 seconds?
- Does the individual need assistance to get handwashing supplies and hand sanitizer?
- Does the individual need reminders or physical assistance to wear a cloth face covering (mask, scarf or bandana)?
- Does the individual need assistance to obtain cloth face coverings?
- Does the individual need reminders or physical assistance to stay 6 feet from others including friends and those support the individual?
- Do I need reminders or physical assistance to clean and disinfect the home?
- Do I need assistance to obtain supplies to clean and disinfect the home?
- Is the individual able to communicate to others how they are feeling for example: feeling tired, headache, not feeling well?
- Does the individual need reminders or physical assistance in taking their temperature?
- Does the individual need assistance in obtaining the right type of thermometer?
- If attending a day habilitation program: will the individual be able to go to all areas of the programs?

## **Appendix B**

### **Event Report Process**

- **When a reportable event occurs (list available), the provider is responsible and mandated to enter the event into the EMT database in CIMOR**
- **Support Coordinators are responsible and mandated to enter events into the EMT database for consumers who receive self-directed services and case management only**
- **All event reporting is electronically entered into CIMOR although the provider may use a paper form in the home for staff to document the event as witnessed by the staff**
- **The Support Coordinator and Support Coordinator Supervisor receive an e-mail the following business day after an Event Report has been entered. The e-mail contains a narrative of the event which occurred**